

**South Australia Compulsory Third Party (CTP)**

# Fatality Claim Form

This form is to be completed by any person who is claiming compensation as a result of a person's death in a motor vehicle accident (please refer to Page 3 for more information).

**A driver, motorcyclist or registered owner is required to notify Allianz of an injury or death arising from a motor vehicle accident (refer section 124 of the Motor Vehicles Act).**

Completing the Accident Report Form will ensure compliance with this requirement. The form can be found at [www.allianz.com.au/sactp](http://www.allianz.com.au/sactp) or available at Allianz (refer address below).

If a motor vehicle is damaged, the accident may also need to be reported to the motor vehicle property insurer. Please check any reporting requirements with them.

**This form may be lodged by:**

**Mailing to:**

Allianz Australia SA – CTP  
GPO Box 2198  
Adelaide SA 5001

**or faxing to:**

Allianz Australia SA – CTP  
General Fax 1300 137 431  
(cost of a local call)

**or lodging personally to:**

Allianz Australia SA – CTP  
Ground Floor, 89 Pirie Street  
Adelaide SA 5000

If you have any queries, please call Allianz Australia SA – CTP Personal Injury Helpline on 1300 137 331 (cost of a local call). Alternatively further information may be found on the Allianz website: [www.allianz.com.au/sactp](http://www.allianz.com.au/sactp)

**PLEASE COMPLETE THIS FORM IN EITHER BLUE OR BLACK PEN.**



## Other languages

If you need an interpreter please call the Translating and Interpreting Service (TIS National) on 131 450 and ask to be connected to Allianz on 1300 137 331 between 8:30 am and 5:00 pm, Monday to Friday.

### ITALIANO

Se avete bisogno di un'interprete chiamate il Translating and Interpreting Service (TIS National) al 131 450 e chiedete di essere collegati con Allianz al 1300 137 331 tra le 8:30 e 5:00, dal lunedì al venerdì.

### Ελληνικά

Εάν χρειάζεστε διερμηνέα παρακαλείστε να τηλεφωνήσετε στην Υπηρεσία Μεταφραστών και Διερμηνέων (TIS National) στον αριθ. 131 450 και να ζητήσετε να σας συνδέσουν με την εταιρεία Allianz στο 1300 137 331 μεταξύ 8:30 π.μ. και 5:00 μ.μ. Δευτέρα με Παρασκευή.

### Tiếng Việt

Nếu quý vị cần thông dịch viên, xin liên lạc với Dịch Vụ Thông Phiên Dịch (TIS National) qua số điện thoại 131 450, và xin được nối đường dây với Allianz qua số 1300 137 331, từ 8 giờ 30 sáng đến 5 giờ chiều, thứ Hai đến thứ Sáu.

### 한국어

통역사가 필요하시면 통역 및 번역 서비스 (TIS 전국)에 월요일 부터 금요일 오전 8시30분 에서 오후 5시 사이에 131 450 으로 전화 하십시오. 그리고 알리안츠 (Allianz) 전화 1300 137 331에 연결 해 달라고 요청 하십시오.

### 普通话

如果您需要口译服务，请拨打国家翻译与口译服务处（简称 TIS National）电话 131 450，并要求与安联保险公司（Allianz）联系（时间：周一至周五上午 8：30 至下午 5：00，电话：1300 137 331）。

# What you need to know about this form

If someone has been fatally injured in a road crash you may be entitled to compensation.

If the accident happened on or after 1 July 2013 or a claim has not previously been submitted, you are required to complete this claim form.

The form will allow you to provide details about the accident, as well as the claim, to Allianz (MAC's Claims Manager), which will manage the claim. The information will enable Allianz to make early informed decisions about the claim.

The form also contains an authority for Allianz to collect additional information to assist them in processing the claim. You are required to complete both the claim form and the authority. Allianz is required to provide you with a copy of any information obtained using the authority within 21 days of Allianz receiving that information.

The more information you are able to provide in this claim form, the quicker Allianz will be able to process your claim and make informed decisions.

If you don't have some information available, you are encouraged to complete this claim form to the best of your ability – with as much information as you can. Missing information can be supplied later, or Allianz may contact you to follow it up or gather it.

If there is not enough room to answer a question, additional space is provided on Page 11. Please make it clear on Page 11 which question you are responding to.

If you are under the age of 18, this form should be signed by a parent or guardian on your behalf.

You will be required to provide the relevant police report number for the accident (Question 22 on Page 05) and a death certificate (if available).

## How long do I have to submit the claim form:

You are required to submit this claim form to Allianz:

- as soon as reasonably practicable where:
  - (1) the identity of the motor vehicle at fault is not known, or
  - (2) the motor vehicle at fault was not insured, or;
- within 6 months of the motor vehicle accident in any other case.

## What happens if the claim form is not completed?

Allianz may decline to consider or deal with your claim if the claim form and authority are not properly completed or submitted outside the time frames listed above.

## Where do I get more help to complete this form?

Please contact Allianz if you require any further information or assistance in completing this claim form.

Further information about the claims process can be found at:

- Allianz website ([www.allianz.com.au/sactp](http://www.allianz.com.au/sactp))
- MAC website ([www.mac.sa.gov.au/claim](http://www.mac.sa.gov.au/claim))

# Personal details

Office Use: Claim Number

## Person completing the form

1 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

2 Male  Female

3 Date of birth / /

Country of birth

4 Language spoken at home

5 Do you require an interpreter? Yes  No

6 Home address

Postcode

Postal address (if different to the above)

Postcode

7 Home phone no ( )

Work phone no ( )

Mobile no

Email

8 Relationship to deceased

Please provide proof of your identity (eg. drivers licence, passport or other identification).

## Details of deceased

9 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Has the deceased been known by another name? Yes  No

If yes, surname

Given names

10 Male  Female

11 Date of birth / /

Country of birth

12 Home address

Postcode

13 Occupation

14 Date of death / /

15 Death certificate number

Please attach a copy of the death certificate.

# Accident details

Please complete as much information as you have available.

16 Was the deceased a Driver/Rider  Cyclist   
Passenger/Pillion  Pedestrian

17 Date of accident / / Time of accident am/pm

Weather

Road conditions

Place of accident

Suburb Postcode

18 How many vehicles were involved in the accident?

*If the deceased was a cyclist or pedestrian, please go to Question 20*

## First vehicle

19 Details of vehicle the deceased was travelling in.  
Mr  Ms  Mrs  Miss  Other

Driver Surname

Given names

Driver phone no ( )

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

## Second vehicle

20 Details of other vehicles involved in the accident.  
Mr  Ms  Mrs  Miss  Other

Driver Surname

Given names

Driver phone no ( )

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

*Please continue on Page 11 if there are more than 2 vehicles involved.*

## Witness(es) details

21 Were there any witness(es) Yes  No  Unknown

*If yes, please give details below*

*If no, please go to Question 22*

Witness 1

Mr  Ms  Mrs  Miss  Other

Witness Surname

Given names

Witness phone no ( )

Witness mobile

Witness address

Postcode

Witness 2

Mr  Ms  Mrs  Miss  Other

Witness Surname

Given names

Witness phone no ( )

Witness mobile

Witness address

Postcode

## Police report

22 Did the Police come to the scene of the accident? Yes  No  Unknown

Was the accident reported to the Police? Yes  No

Police Report no

Police station

23 Is Police action going to be taken? Yes  No  Unknown

*If yes, name of person charged*

Offence committed

## Circumstances of the accident

24 Description of the accident. *(Describe how the accident happened and include a reference to road conditions, speed, traffic lights, road signs, peak hour etc and details of vehicle damage).*



# Claim and dependancy details

## Funeral details

32 Are you claiming funeral costs? Yes  No

If yes, please provide Funeral details

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Funeral Costs \$

Please attach a receipt.

## Dependency

A dependency claim may be made by a person who relied on (or was dependant upon) the income and/or services of the deceased person.

33 Are you making a claim for yourself and/or any other dependants? Yes  No  Not sure

If no, please go to Page 10.

## Earnings of deceased

34 Was the person employed? Yes  No

If no, please go to Question 35

Occupation  
Name of employer  
Contact person's name  
Contact phone no ( )  
Work address  
Postcode  
Usual weekly working hours Overtime  
Usual weekly earnings (including overtime, regular bonuses & commission)  
Gross pay \$ Net pay \$

Please attach proof of income

35 Was the person self-employed? Yes  No

If no, please go to Question 36

Occupation  
Work address  
Postcode  
Usual weekly working hours  
Usual weekly earnings \$

Please attach proof of income.

## Dependant spouse/partner

36 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

37 Male  Female

38 Date of birth / /

39 Home address

Postcode

Postal address (if different to the above)

Postcode

40 Home phone no ( )

Work phone no ( )

Mobile no

Email

41 Relationship Married  Domestic Partner

If married, date of marriage / /

Place of marriage

If domestic partner, date commenced living together / /

42 What is your/their current status

Employed  Self Employed  At home

Student  Unemployed  Other

If other, details

43 If working or self employed;

Name of employer

Occupation

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

44 Do you/they have any other source of income Yes  No

If yes, please provide details

Please attach proof of income.

## Dependant 1

Please go to Page 10 if there are no further dependants.

45 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

46 Male  Female

47 Date of birth / /

48 Home address

Postcode

Postal address (if different to the above)

Postcode

49 Home phone no ( )

Work phone no ( )

Mobile no

Email

50 Relationship to deceased

51 What is their current status

Employed  Self Employed  At home   
Student  Unemployed  Other

*If other, details*

52 If working or self employed,

Name of employer

Occupation

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross pay \$ Net pay \$

*Additional details*

*Please attach proof of income.*

53 Do they have any other source of income Yes  No

*If yes, please provide details*

*Please attach proof of income.*

## Dependant 2

Please go to Page 10 if there are no further dependants.

54 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

55 Male  Female

56 Date of birth / /

57 Home address

Postcode

Postal address (if different to the above)

Postcode

58 Home phone no ( )

Work phone no ( )

Mobile no

Email

59 Relationship to deceased

60 What is their current status

Employed  Self Employed  At home   
Student  Unemployed  Other

*If other, details*

61 If working or self employed,

Name of employer

Occupation

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross pay \$ Net pay \$

*Additional details*

*Please attach proof of income.*

62 Do they have any other source of income Yes  No

*If yes, please provide details*

*Please attach proof of income.*



### Dependant 3

Please go to Page 10 if there are no further dependants.

63 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

64 Male  Female

65 Date of birth / /

66 Home address

Postcode

Postal address (if different to the above)

Postcode

Postcode

67 Home phone no ( )

Work phone no ( )

Mobile no

Email

68 Relationship to deceased

69 What is their current status

Employed  Self Employed  At home

Student  Unemployed  Other

*If other, details*

70 If working or self employed,

Name of employer

Occupation

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross pay \$ Net pay \$

*Additional details*

*Please attach proof of income.*

71 Do they have any other source of income Yes  No

*If yes, please provide details*

*Please attach proof of income.*

### Dependant 4

Please go to Page 10 if there are no further dependants.

72 Mr  Ms  Mrs  Miss  Other

Surname

Given names

Have you been known by another name? Yes  No

If yes, surname

Given names

73 Male  Female

74 Date of birth / /

75 Home address

Postcode

Postal address (if different to the above)

Postcode

Postcode

76 Home phone no ( )

Work phone no ( )

Mobile no

Email

77 Relationship to deceased

78 What is their current status

Employed  Self Employed  At home

Student  Unemployed  Other

*If other, details*

79 If working or self employed,

Name of employer

Occupation

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross pay \$ Net pay \$

*Additional details*

*Please attach proof of income.*

80 Do they have any other source of income Yes  No

*If yes, please provide details*

*Please attach proof of income.*

## Statement giving authority to obtain information Schedule 1 – Motor Vehicles (Third Party) Regulations 2013

By completing this authority to obtain information (the authority) you are giving the Motor Accident Commission and its agent/s including Allianz, permission to obtain documentary information relevant to processing and assessing your claim.

I (please print) .....

date of birth        /        / .....

authorise Motor Accident Commission and its agent/s, including Allianz, to obtain documentary information relevant to my claim for damages or other compensation in relation to the death of (specify):

.....  
sustained on or about (date)        /        / .....

from the following people/organisations:

- (a) insurers that carry on the business of providing:
  - (i) compulsory third party insurance; or
  - (ii) income protection insurance; or
  - (iii) motor vehicle insurance; or
  - (iv) workers compensation insurance;
- (b) health practitioners;
- (c) hospitals, including private hospitals;
- (d) ambulance or other emergency services;
- (e) professional providers of rehabilitation services or persons professionally qualified to assess cognitive, functional or vocational capacity;
- (f) educational institutions;
- (g) my employer or my previous employer;
- (h) departments, agencies or instrumentalities of the Commonwealth, the State or another State, administering laws about health, police, transport, taxation or social welfare;
- (i) the Lifetime Support Authority of South Australia;
- (j) the WorkCover Corporation.

I approve a copy of the authority, including an electronic version, being treated as the original.

This authority is valid for the duration of my claim (unless revoked after the expiration of 6 months from the date of execution of the authority).

Signed .....

Relationship to deceased .....

Date        /        / .....

Details and signature of witnessing party (any person over 18 years of age)

Full name of witness .....

Signature of witness .....

.....  
Date        /        / .....

### Note:

1. If you wish to make a claim for damages or compensation you must sign this authority. This is required by law.
2. This authority will remain in force until your claim is resolved or you revoke it. However, you can not revoke this authority for at least 6 months after you sign it.
3. Prior to using this authority to obtain information, the Motor Accident Commission, nominal defendant or agent must ensure the authority is valid and the information is relevant.
4. The claimant has the right to seek independent legal or other advice before signing the authority. You will be responsible for paying any fee for the advice.
5. The Motor Accident Commission/nominal defendant or claims agent must provide you with a copy of any documents that they obtain under this authority within 21 days of receipt of those documents.

---

## Declaration

Please read the Declaration carefully before signing.

It will assist us in dealing with your claim if the declaration is properly completed and witnessed.

The person completing this form should sign the declaration unless he/she is under 18 years of age or is unable to make the declaration. In this case a parent or guardian of the injured person should sign the declaration.

All information you have given in the claim form must be true and correct in every respect.

**Under Section 124(6a) of the Motor Vehicles Act 1959, you can be fined up to \$50,000 or be imprisoned for up to one year for knowingly providing false or misleading information.**

I (full name) .....

declare that, to the best of my knowledge, the information given in this Claim Form is true and correct in every respect.

Signature of claimant .....

.....  
(Parent or guardian must sign if claimant is under 18 years of age)

Date        /        / .....

Details and signature of witnessing party (any person over 18 years of age)

Full name of witness .....

Signature of witness .....

.....  
Date        /        / .....





**We appreciate that your time is valuable; however the more information you can supply at this stage will assist us in processing your documentation.**

Please ensure you have completed the following:

- Nominated the motor vehicle (registration) and person you consider caused the accident.  
.....
- Signed the statutory declaration on Page 10 in the presence of a witness over the age of 18.  
.....
- Attached death certificate (if available).  
.....
- Attached to the claim form any original accounts or receipts you may already have.  
.....
- Attached proof of income for the deceased (if relevant).  
.....
- Attached proof of income of dependants (if relevant).  
.....
- Attached a copy of drivers licence or other proof of identity.  
.....
- Attached a copy of breath analysis docket or Blood Alcohol certificate (2 pages) where available.  
.....
- Made a copy of the claim form, certificates, accounts, receipts, etc for your own record.  
.....

Please ensure that all other sections of the form/s are completed to the best of your ability.

**If you have any questions about the completion of the forms please contact us on 1300 137 331 and we will be happy to assist with your enquiry.**