



Key benefits

If you have been injured in a motor accident in the ACT, GIO is here to support you while you recover. Under the Motor Accident Injuries Act 2019 (the Act) you may be entitled to treatment, care and income replacement benefits to help you get back to health and life without unnecessary delay.

This fact sheet will help you understand:

- how to lodge your claim
- the key benefits available to you, and
- any death and funeral benefits that may be available to you.

I was injured in a motor accident, what should I do?

If you were injured, you can make a claim through the insurer of the vehicle most at fault for the accident.

Where possible, you should make a claim within the first 13 weeks of the accident to be eligible for income payments from the date of the accident.

If your accident occurred on or after 1 February 2020 you should:

- report the accident to the police
- identify the insurer of the most at fault vehicle (you can find the MAI insurer for a motor vehicle using Access Canberra's [check registration details](#) service)
- complete a Personal Injuries Benefit Application form
- attend your GP and have them complete a Motor Accident Medical Report and
- send the completed forms to the insurer of the vehicle most at fault.

If your accident occurred before 1 February 2020, the process is slightly different. Please contact us on 13 22 44 for more information.

I have lodged my claim. What happens now?

We are committed to providing you access to benefits as quickly as possible. We will write to you within 3 business days of receiving your application advising you of the next steps in the claim process.

In some instances, we may need more information from you to progress your claim. If we do, please provide this information to us as soon as possible. Once we receive a completed application we'll write to you to let you know whether we accept liability.

In some cases, people who break the law, whose injuries are self-inflicted, or who are paid benefits under a Workers Compensation scheme, may not be eligible for defined benefits.

Treatment and care benefits

Once your claim is processed, we can start making payments for reasonable and necessary treatment and care.

Under the Act, we can pay for reasonable and necessary treatment and care for any injuries caused by the motor accident. We can cover expenses such as:

- medical treatment
- mental health treatment
- rehabilitation
- aids and prostheses
- vocational training, and
- domestic assistance.

To avoid incurring out-of-pocket expenses, we can pay for your treatment or care directly to your provider. We may also be able to cover travel expenses to get you to and from your treatment appointments.

Treatment and care payments can continue for up to 5 years from the date of the motor accident.

Income replacement benefits

If you have no earning capacity as a result of your injuries, you may be entitled to income replacement benefits.

If you apply for income replacement benefits within 13 weeks of the motor accident, these benefits can be back-paid to the date of the motor accident.

To be eligible, we'll need to confirm that on the date of the accident you were at least 15 years of age, and in paid work, or capable of being in paid work.

Please let us know if you would like to claim for income replacement benefits and we'll let you know what information we need from you to support your claim.

Quality of Life benefits

If your injuries from the motor accident are permanent in nature, you may be eligible for a Quality of Life benefit payment.

You'll need to wait for your injuries to stabilise before you can lodge a Quality of Life benefit application. You can lodge your application at least 26 weeks after the date of the accident, but no later than 4 years and 6 months after the date of the motor accident.

The Quality of Life benefit amount is based on the percentage of your whole person impairment (WPI) for the injuries caused by the motor accident, as assessed by an independent medical specialist in accordance with the *Motor Accident Injuries (WPI Assessment) Guidelines 2019*.

assessed as having a WPI of 5% or more.

Common law

If you were injured as a result of someone else's negligence, you may be entitled to compensation under the Act.

To be eligible to make a common law claim for compensation, you must not be the driver at fault for the accident, and must also meet at least one of the following criteria:

- be assessed as having a WPI of 10% or more
- be under 18 years of age on the date of the motor accident and be still receiving treatment and care benefits 4 years and 6 months after the accident, or
- be an adult whose injury has been assessed as having a significant occupational impact.

We'll support you through this process and provide you with information about making the claim at the relevant time.

Funeral and death benefits

We understand that losing a loved one in a motor accident is an incredibly difficult experience and we want to support you as best we can.

Where a motor accident results in a fatality, we can help contribute to the funeral expenses. This includes expenses such as:

- funeral and directors fees
- burial or cremation
- transport of the deceased, and
- the funeral or memorial ceremony.

You can also apply for dependent benefits if, in relation to the deceased, you were a:

- child dependent
- current domestic partner, or
- dependent former domestic partner.

A child dependant must be either a child of the deceased, or a grandchild or stepchild living as part of the deceased's family, and must be:

- under 18 years of age
- a full-time student under 25 years of age, or
- an adult dependent with a disability who relied upon financial support from the deceased.

What if I disagree with a decision made about my claim?

We understand the importance of receiving the right support while you are injured.

We will communicate all our decisions regarding your claim to you in writing, including the reasons for our decision. We will also outline your options if you would like the decision reviewed.

If you disagree with a decision made about your claim, you can request an internal review of the decision. You will need to request the internal review within 28 calendar days from the date the decision was made.

We have 10 days to respond to your request for a review. If, after receiving our response, you still do not agree with our decision you can request an external review by the ACT Civil and Administrative Tribunal (ACAT).

Complaints

If we haven't met your expectations at any point during the management of your claim and you wish to provide us feedback about your experience, you can contact our office on the number provided below and provide this feedback.

We'll do our best to try and resolve your complaint with you.

Contact us

For more information, please contact us by:

- writing to us at:
 - ACT MAI Insurance Claims
 - GPO Box 706
 - Canberra ACT 2601
- calling us directly on 13 22 44, or
- emailing us at actmaiclaims@gio.com.au.