



Threshold Injury

If you are injured in a motor accident on NSW roads, you will be eligible for statutory benefits for the first 52 weeks following the motor accident. However, after 52 weeks the law requires us to take into consideration your injury from the motor accident, to determine if you are eligible to continue to receive treatment and care and/or weekly benefits (where eligible) ongoing.

If your injury is determined to be a 'threshold injury', your entitlements will not continue after 52 weeks.

This fact sheet will help you understand:

- What it means if your injury is determined as a 'threshold injury' and the information we review when making this assessment
- The effects a threshold injury assessment will have to your entitlement to claim
- Why we are required to make this decision

What is a Threshold Injury assessment?

What is a threshold injury?

The Motor Accident Guidelines which are issued by the State Insurance Regulatory Authority (SIRA) states your injury will be considered a threshold injury if it is:

- A soft tissue injury, (such as whiplash) and/or
- A minor psychological and psychiatric condition (such as an adjustment disorder and acute stress disorder).

All injuries outside of those listed above may be considered as an injury that is a non-threshold injury.

To find out more about threshold injuries please contact your Claims Advisor, they can provide you with more information and a copy of the NSW Government's definition of 'threshold injury'.

What information is used to determine if my injury is a threshold injury?

Once we receive your completed claim, we will request, receive, and review a range of information from your General Practitioner (GP) and Treatment Providers which will help us understand the nature of your injury.

We will receive information such as:

- Certificates of Capacity issued by your GP
- Medical reports and clinical assessments from your Treatment Providers which may be prior to and following your motor accident

How will I know if my injury is determined to be a threshold injury?

Once we have made the decision, we will let you know in a phone call and in writing. When we call you, we will ensure you understand the decision being made and answer any questions you may have. When we send you the letter, it will include all the information we have used to make our decision.



Please read the letter carefully and ensure you understand the decision being made and its effects on your entitlements.

How does a Threshold Injury assessment affect me?

If we determine that your injury is a threshold injury, it doesn't mean that we don't agree that you have been impacted physically or emotionally as a result of the accident.

Our decision is based on the diagnosis of your injury and not the symptoms you may be experiencing.

If you are determined to have a threshold injury, this means that after the first 52 weeks, you **will not** be entitled to:

- Weekly income benefits
- Treatment, rehabilitation, and care
- Make a claim for damages for any past or future economic loss or non-economic loss you have sustained as a result of the motor accident

For this reason, it is important that you understand the decisions being made on your claim. We encourage you to contact your Claims Advisor if you have any questions regarding this decision.

What if I do not agree with your decision?

If you don't agree with a threshold injury decision made on your claim you can request an internal review of our decision. The details about requesting an internal review will be provided on the letter, but you may also contact your Claims Advisor who can assist you with this process.

Alternatively, should you be dissatisfied with our standard of service, you may make a complaint. Please contact your Claims Advisor to obtain their contact details or refer to the attached complaints fact sheet.