

# Application Form - Insurer

(National Injury Insurance Scheme (Queensland) Act 2016)



## The National Injury Insurance Scheme, Queensland

The National Injury Insurance Scheme, Queensland (NIISQ) provides necessary and reasonable treatment, care and support for eligible persons who sustain a serious personal injury as a result of a motor accident in Queensland on or after 1 July 2016, as defined in the *National Injury Insurance Scheme (Queensland) Act 2016*.

Serious personal injuries covered by the NIISQ are eligible traumatic brain injuries, permanent spinal cord injuries, multiple or high-level limb amputations, permanent brachial plexus injuries, serious burns and permanent blindness caused by trauma.

### Who can complete this form?

This application is to be completed by a CTP insurer or the Nominal Defendant.

### Where do I send the completed application form?

GPO Box 1391  
Brisbane QLD 4001  
[applications@niis.qld.gov.au](mailto:applications@niis.qld.gov.au)

If you have any questions please call the NIISQ Agency on 1300 607 566 or visit [niis.qld.gov.au](http://niis.qld.gov.au).

## 1. Injured person

Title	Surname/family name	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of birth	Former names/if known by other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>DD/MM/YYYY</small>	
Home phone	Mobile phone	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from home address)		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Cultural connection

Please help us ensure we are meeting the cultural needs of participants by answering the below.  
Does the injured person identify as:

☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐ Prefer not to say

Is an interpreter required?

☐ No ☐ Yes ☐ Language (if applicable)

Are there any other cultural considerations we should be aware of?

### 3. Insurer's details and claims officer contact

Title	Surname/family name	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone (   )	Email address	
<input type="text"/>	<input type="text"/>	
Insurer's address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim Number		
<input type="text"/>		

### 4. Accident details

Provide a copy of:

<input type="checkbox"/> Claim Form	<input type="checkbox"/> Police Report	<input type="checkbox"/> NOA by owner
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### 5. Medical information

Please indicate the nature of the NIISQ eligible injury:

<input type="checkbox"/> Brain injury	<input type="checkbox"/> Spinal cord injury	<input type="checkbox"/> Amputation/s	<input type="checkbox"/> Brachial plexus	<input type="checkbox"/> Burns	<input type="checkbox"/> Blindness
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**Please provide evidence in the form of medical records or a completed medical certificate.**

☐ If you hold Queensland Ambulance Service records please provide a copy

If you hold hospital records please provide a copy or otherwise provide the details below

<input type="text"/>
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### 6. Insurer declaration

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

**Signature of Insurer**

<input type="text"/>
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**Date**

<div> <div>/</div> <div>/</div> </div> <div>DD/MM/YYYY</div>
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**Name of the Insurer**

<input type="text"/>
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# Consent to exchange personal information form

NIISQ

While you are dealing with the National Injury Insurance Agency, Queensland (NIISQ Agency), we may need to ask others for your personal information. This could include reports, clinical notes, medical reports, imaging, results, medical and other information about you.

If you are a NIISQ participant, this information helps us to provide you with treatment, care and support services. By signing this form, you are providing your consent for other parties to give us your personal information.

We, the NIISQ Agency, may also be required to provide your personal information to other organisations. The NIISQ Agency is authorised by the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISQ Act) to provide your personal information to:

- the Motor Accident Insurance Commission
- the Nominal Defendant under the *Motor Accident Insurance Act 1994* (Qld)
- an entity that is the same as or similar to the Nominal Defendant under a law of the Commonwealth or another State
- an insurer carrying on the business of providing workers' compensation insurance, personal accident or illness insurance, or insurance against loss of income through disability
- an entity that is the same as or similar to us under a law of the Commonwealth or another State
- a department, agency or instrumentality of the Commonwealth, the State or another State
- the agency under the *National Disability Insurance Scheme Act 2013* (Cwlth)

- a hospital, including a private hospital
- an ambulance or other emergency service
- a doctor
- a person who is appropriately qualified to assess the treatment, care or support needs of a person
- a provider of treatment, care or support services, including, for example, attendant care and support services
- an employer or previous employer of an injured person
- an educational institution

If we collect personal information about you from the above parties, we will use, disclose and store this information in accordance with the *Information Privacy Act 2009*, the NIISQ Act and *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISQ Regulation).

Your personal information will not be released unless permitted or required by law. If you want to know more about how we handle your personal information, you can read our privacy policy or contact our Privacy Officer on 1300 607 566 or [NIISQ-Privacy@niis.qld.gov.au](mailto:NIISQ-Privacy@niis.qld.gov.au).

Participant and/or authorised person details			
Injured person (full name)			
Participant case number		Participant date of birth	
I (full name of person filling out form)			
Of (your address)			
	City/suburb		
	State	Postcode	
If you are not the injured person please also complete this section:			
My authority	Parent	Attorney	Guardian      Other
Signature			
	Name		
	Date		

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