

National Injury Insurance Scheme (Qld) Application Form – Insurer

The National Injury Insurance Scheme

The National Injury Insurance Scheme (Qld) (NIISQ) provides necessary and reasonable treatment, care and support for participants who sustain a serious injury as defined and accepted by the *National Injury Insurance Scheme (Queensland) Act 2016* on or after 1 July 2016.

The injuries covered by the scheme are eligible traumatic brain injuries, permanent spinal cord injuries, multiple or high-level limb amputations, permanent brachial plexus injuries, serious burns and permanent blindness.

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 2203
Brisbane QLD 4001
applications@niis.qld.gov.au

If you have any questions please call the National Injury Insurance Agency on 1300 302 568 or visit our website niis.qld.gov.au

I. 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" value="/ /"/> | <input type="text"/> |
| Telephone | Email address | |
| Home () | Mobile | <input type="text"/> |
| Home address | | |
| <input type="text"/> | | |
| Suburb/town | State | Postcode |
| Postal address (if different from home address) | | |
| <input type="text"/> | | |
| Suburb/town | State | Postcode |
| Is an interpreter required | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Language (if applicable) <input type="text"/> | | |

2. Insurer's details and claims officer contact

| | | |
|----------------------|----------------------|----------------------|
| Title | Surname/family name | First name(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Work () | 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"/> | | |

3. Accident details

Provide a copy of:

| | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Claim Form | <input type="checkbox"/> Police Report | <input type="checkbox"/> NOA by owner |
|-------------------------------------|--|---------------------------------------|

4. Medical information

Please indicate the nature of the NIIS(Q) 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 |
|---------------------------------------|---|---------------------------------------|--|--------------------------------|------------------------------------|

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

5. 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

Date

DD/MM/YYYY

Name of the Insurer