



DUNCAN BASHEER HANNON  
LAWYERS

## MOTOR ACCIDENT COMMISSION (MAC)

### FATALITY CLAIM FORM

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#### Instructions:

Please complete and return the attached form to Duncan Basheer Hannon via one of the following options:

1. **Email:** clientliaisonsolicitor@dbh.com.au
2. **Mail:** GPO Box 2, Adelaide SA 5001
3. **Delivery:** 66 Wright Street, Adelaide SA 5000.

Duncan Basheer Hannon Lawyers



# 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

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.....  
.....

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

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

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        /        / .....

### 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.  
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- 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.**