



SA COMPULSORY THIRD PARTY INSURANCE

Frequently Asked Questions

What is Compulsory Third Party (CTP)?

A motor vehicle accident can be a stressful experience and we are here to provide support for you.

If you are injured in a motor vehicle accident caused by the fault of a driver, owner or other person insured under an AAMI CTP insurance policy, you may be entitled to make a claim for treatment, care and support. Depending on the seriousness of your injuries, you may be eligible for other common law damages such as economic loss or pain and suffering. If the at fault vehicle is unregistered or unidentified, you may be covered under a claim against the nominal defendant scheme.

The CTP insurance scheme provides for necessary and reasonable treatment, care and support for children under the age of 16, who are injured in a motor vehicle accident which occurred in South Australia for life, regardless of fault.

If you have sustained very serious injuries in the motor vehicle accident, regardless of fault, you may be entitled to benefits for necessary and reasonable treatment, care and support benefits under the Lifetime Support Scheme.

How long do I have to make a claim?

You are legally required to lodge your claim within:

- Six months of the date of the accident
- in the case of an unregistered or unidentified "nominal defendant" claim, as soon as is reasonably practicable.
- If your claim is lodged beyond this time, we will ask why there was a delay and if it is longer than three years after the date of the accident, you will only be permitted to lodge the claim if legal exemptions apply.
- If your claim is lodged but not settled by three years after the date of the accident, you will be required to request an extension of time from the Courts by issuing proceedings on or before the three-year date. There are pre-action requirements under the Uniform Civil Rules that must be complied with prior to issuing proceedings which we will help you with.

How does
the claims
process
work?

We are here to help you through the process and encourage you to ask questions at any time.



Claim Lodgement



Treatment, Care and Support



Liability Determination



Resolving your claim

Claim Lodgement

Your dedicated Customer Care Specialist will contact you within five business days of receiving your Injury Claim Form, and:

- be **friendly and helpful** and will respond to your queries in a **timely manner**
- **share their knowledge** and provide you with information that is **easy to understand**
- keep you **up to date** on the progress of your claim

Your **Customer Care Specialist** will help you to submit all the necessary information to ensure your claim is legally compliant. This information is detailed on the back of your **Injury Claim Form** and includes your **Prescribed Authority**. This is your signed authority that allows us to request information needed to process your claim quickly. We will always give you at least 7 business days' notice before we request any information with your Prescribed Authority and will provide you a copy within 21 days.

We need to make sure that any loss you have incurred was due to the accident and we require information to ensure your entitlements are properly assessed. Information used to assess your claim include medical reports, clinical notes from the hospital or your GP, and employment information such as payslips and tax returns.

Treatment, Care and Support

Where possible, we will begin paying for your treatment, care and support straight away, even though we don't have enough information to determine who caused the accident. This is called making payments on a 'without prejudice' basis.

This can include:

- GP and **specialist** appointments
- **x-rays** and **scans**
- **medication**
- approved **allied health** such as physio and psychology treatment
- **travel costs** to and from your medical appointments

The law says we must pay in accordance with the Return To Work SA gazetted rates which can be found here: <https://www.rtwsa.com/service-providers/provider-registration-and-payments/fee-schedules>.

If your injuries are preventing you from undertaking your activities of daily living, AAMI can fund support services whilst you recover. There are other services we can offer depending on your needs arising from the accident and your **Customer Care Specialist** will discuss this with you.

AAMI make things easy by:

- **Preapproving necessary and reasonable** treatment, care and support.
- **Arranging direct payment** to your treatment provider, so you are not out of pocket, or
- **Reimbursements paid** direct into your bank account within **5 business days** of receipt.

Liability Determination

Liability is the decision-making process that determines **who is responsible for the accident**. We will review all information provided by you, the police report, other drivers and witnesses. We will look to obtain vehicle damage photos and any dashcam footage.

When we have sufficient information, we will contact you to advise of our liability decision, our reasons and the information we relied on.

Under the legislation, there may be situations where compensation payable is reduced, including:

- **not** wearing a seatbelt or helmet
- **not** sitting in a passenger compartment
- you were **intoxicated** and this contributed to the accident, or you relied on the care and skill of a driver who was intoxicated
- when **your actions have contributed** to the accident, or you have not shown reasonable care for your own safety.

Resolving your claim

We are **committed** to **timely resolution** of your claim to help you get back to work and life as soon as possible. When you have achieved sufficient recovery and have no other entitlements, it may be appropriate to close your claim. If the evidence supports entitlements by way of an offer of settlement, we will do so as soon as possible.

If you do not agree with our offer, we welcome your feedback and will ask you to provide a counter-offer for our consideration. We may negotiate further with you. If we can't come to an agreement you may need to decide whether you will obtain legal advice and you will need to consider the costs of doing so. The law limits the legal costs you can recover from a CTP insurer.

Will I get pain and suffering compensation (non-economic loss)?

In 2013, the law in South Australia was changed so that pain and suffering (non-economic loss) is only compensable if an injured party's dominant injury is assessed with an Injury Scale Value (ISV) of over 10.

You may wish to have your dominant injury and ISV assessed by an accredited medical practitioner. This is called an Injury Scale Value Medical Assessment (ISVMA). You may request this when your injuries have reached stability. AAMI may decline your request for an ISVMA if your dominant injury is unlikely to reach above 7.

Our role at AAMI is to ensure you receive what is fair and reasonable. We will always explain the assessment of your ISV and how we think the law applies to your claim, including where you may not be entitled to compensation. If you disagree with our assessment, please talk to us. We will review our decision and will seek further information if required.

What about my loss of income?

Your loss of income as a result of medical incapacity is compensated on a net (after-tax) basis upon finalisation of your claim. When calculating your lost income entitlements AAMI must apply legislative reductions of the first week of loss and a further 20% reduction to the total amount calculated.

Interim payments

We may be able to release an early portion of your entitlements during the course of your claim if you are experiencing proven financial hardship. Please don't hesitate to discuss this with your Customer Care Specialist.

Complaints and feedback

AAMI is committed to serving customers in a professional, knowledgeable and responsive manner.

If you have a complaint regarding our service, or decisions we have made, please contact your Customer Care Specialist directly.

Then, if your complaint cannot be resolved, you may ask to be referred to any of the following:

- AAMI's SA CTP Executive Manager who will attempt to resolve your complaint
- AAMI's Internal Dispute Resolution team on 1300 240 437
- Request for conciliation with a conciliator within 30 business days AAMI's determination date

For government support services

Translating and Interpreting Service (TIS National)

If you need an interpreter, please call the **Translating and Interpreting Service (TIS National)** on 131 450 and ask to be connected to **AAMI** on 1300 084 851.

National Relay Service

This service is for people who are deaf or have a hearing or speech impairment.

TTY/voice calls: Call **133 677** then ask for **13 22 44**

Speak & Listen: Call **1300 555 727** then ask for **13 22 44**

Internet relay: Connect to relayservice.com.au for details then ask for **13 22 44**

We're here to help you
Monday to Friday
8.30am – 5.00pm (ACST)

How to contact us

by phone: 1300 084 851

via the internet: aami.com.au

by email: sactpclaims@aami.com.au

by fax: (08) 8205 5399

in writing: GPO Box 471
Adelaide SA 5001

by visiting our office:

AAMI SA CTP Office
Level 5, 1 King William Street
Adelaide SA

CTP Insurance Regulator:

phone: 1300 303 558

website: www.ctp.sa.gov.au

email: ctp@sa.gov.au

fax number: 1300 617 531

postal address: GPO Box 1095
Adelaide SA 5001

This CTP insurance is underwritten by:

AAI Limited

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