

Queensland



Motor Accident Insurance Act 1994

MOTOR ACCIDENT INSURANCE REGULATION 1994

**Reprinted as in force on 13 July 2001
(includes amendments up to SL No. 20 of 2001)**

Warning—see last endnote for uncommenced amendments

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Information about this reprint

This regulation is reprinted as at 13 July 2001. The reprint shows the law as amended by all amendments that commenced on or before that day (Reprints Act 1992 s 5(c)).

The reprint includes a reference to the law by which each amendment was made—see list of legislation and list of annotations in endnotes.

Minor editorial changes allowed under the provisions of the Reprints Act 1992 have also been made to use aspects of format and printing style consistent with current drafting practice (s 35).

This page is specific to this reprint. See previous reprints for information about earlier changes made under the Reprints Act 1992. A table of earlier reprints is included in the endnotes.

Also see endnotes for information about—

- **when provisions commenced**
- **provisions that have not commenced and are not incorporated in the reprint**
- **editorial changes made in earlier reprints.**

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**MOTOR ACCIDENT INSURANCE
REGULATION 1994**

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MOTOR ACCIDENT INSURANCE REGULATION 1994

[as amended by all amendments that commenced on or before 13 July 2001]

PART 1—PRELIMINARY

1 Short title

This regulation may be cited as the *Motor Accident Insurance Regulation 1994*.

2 Commencement

This regulation commences on 1 September 1994.

3 Definitions

In this regulation—

“**bus**” means a motor vehicle principally constructed to carry more than 8 seated adult persons including the driver.

“**claim manager**” see section 38¹ of the Act.

“**derivative claim**” means a motor vehicle accident claim based on the death of, or injury to, a person in a motor vehicle accident, other than the claimant.

Examples—

1. A claim brought on behalf of the dependants of a person killed in a motor vehicle accident.
2. A claim brought by the spouse of a person injured in a motor vehicle accident for loss of matrimonial consortium.

“**disability**” includes a personal injury and an illness.

1 Section 38 (Multiple insurers) of the Act

“injured person” includes a person who dies as a result of injury received in a motor vehicle accident.

“notice of claim” means a notice under section 37² of the Act.

“premium period”, for a motor vehicle, means the period for which a CTP insurance policy for the vehicle was issued or last renewed.

“primary production” means—

- (a) the production of raw material for clothing or food from—
 - (i) agriculture; or
 - (ii) viticulture; or
 - (iii) dairying; or
 - (iv) livestock production; or
 - (v) fishing; or
- (b) the growing of tobacco.

“quarter” means a period of 3 months beginning on 1 January, 1 April, 1 July, or 1 October.

“registration period”, for a motor vehicle, means the period for which registration of the vehicle was granted or last renewed.

“traffic incident number” means the identifying number allocated by the police department to a motor vehicle accident.

4 Classification of motor vehicles for fixing insurance premiums

(1) For fixing insurance premiums for CTP insurance, motor vehicles are divided into the classes specified in schedule 1.

(2) If a particular motor vehicle falls within 2 or more of the classes specified in schedule 1, the vehicle’s class is taken to be the class attracting the highest insurance premium.

(3) However—

- (a) if the motor vehicle is used only for primary production, the insurance premium is to be calculated on the basis appropriate to a vehicle used only for primary production (even though the

2 Section 37 (Notice of accident claim) of the Act

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vehicle may also belong to another class that attracts a higher insurance premium); and

- (b) if a bus falls into class 9 and also class 10 or 11 (or both class 10 and 11) the bus is taken to fall into class 9 (and not class 10 or 11) if—
 - (i) the bus is not likely to be used for a purpose that would result in its classification under class 10 or 11 for a period, or a number of separate periods, amounting to more than $\frac{14}{365}$ of the total registration period; and
 - (ii) before the bus is used for a purpose mentioned in subparagraph (i), the registered operator advises the insurer of the day or days on which the bus is to be used for that purpose and pays to the insurer a surcharge equal to \$4 for each day the bus is to be used for that purpose or \$10 (whichever is the higher amount).

PART 2—CTP INSURANCE POLICIES

Division 1—Interpretation

4A Registering vehicles up to a common expiry date

A vehicle is registered up to a common expiry date if—

- (a) the vehicle is one of 2 or more vehicles registered in the name of a person; and
- (b) transport administration agree to allow the day for renewal of registration of the vehicle and at least 1 of the other vehicles registered in the person's name to be the same day.

Division 2—Provisions about CTP insurance policies**5 Setting of insurer's premiums—Act, ss 13 and 13A**

(1) The quarter starting on 1 October 2000 and each successive quarter is to be an assessment period.

(2) The time limit for the insurer to submit to the commission the premiums set by the insurer for a particular assessment period is the time between the date on which the insurer receives notice of the limits of insurer's premium fixed by the commission for each class of CTP insurance³ and the date falling 10 weeks before the start of the relevant assessment period.

(3) The time limit for the commission to record premiums set by an insurer for a particular assessment period, to give the insurer notice confirming the premiums set by the insurer and to notify transport administration of the premiums set by the insurer⁴ is the date falling 9 weeks before the start of the relevant assessment period.

(4) If a motor vehicle is to be used for racing, pacemaking, or in reliability, speed or other trials, the insurer may impose a surcharge of \$10 for each day of the registration period on which the motor vehicle is to be used for the purpose.

(5) A surcharge under subsection (4) is to be paid directly to the insurer and is not to be regarded as part of the insurance premium for the purposes of the provisions of the Act and this regulation dealing with the collection, disbursement and refund of insurance premiums.

5A Insurer's premium where registration period is more or less than 1 year—Act, s 13(4)(b)

(1) If the period for which the registration of a motor vehicle (other than a vehicle excluded from the application of this subsection) is to be granted or renewed is 6 months or less, the insurer's premium is to be increased by \$7.

(2) The following motor vehicles are excluded from the application of subsection (1)—

3 See section 13A(6)(b) of the Act.

4 See section 13A(9) of the Act.

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- (a) motor vehicles registered up to a common expiry date;
- (b) motor vehicles of class 22.⁵

(3) If the insurer's premium on a CTP policy for a motor vehicle registered for less than 1 year would, apart from this subsection, be less than \$10, the insurer's premium is increased to \$10.

5B Levies and administration fee—Act, s 14A

(1) The levies for the financial year starting on 1 July 2001 are fixed under schedule 1A.

(2) The administration fee for the financial year starting on 1 July 2001 is fixed at \$7.00.

(3) The levies fixed under subsection (1) and the administration fee fixed under subsection (2) are the amounts appropriate to a registration period of 1 year and, if the registration period is more or less than 1 year, the amount of a levy or the administration fee is worked out using the following formula—

$$\frac{A \times N}{365}$$

where—

“A” is the amount of the levy fixed under subsection (1) or the amount of the administration fee fixed under subsection (2), as the case requires.

“N” is the number of days in the registration period.

(4) However—

- (a) if the registration period is 6 months or less, a further amount of \$1 is to be added to the amount of the administration fee calculated under subsection (3) unless—
 - (i) the administration fee is governed by paragraph (b); or
 - (ii) the motor vehicle is registered up to a common expiry date with another motor vehicle or other motor vehicles; and
- (b) if the motor vehicle is a motor vehicle (other than a trailer) for which a permit has been, or is to be, issued allowing the vehicle

⁵ Motor vehicles for which permits have been, or are to be, issued allowing the vehicles to be driven on roads while unregistered.

to be driven on roads while unregistered, the levy and administration fee are as prescribed by subsections (1) and (2) irrespective of the period of the permit.

5C Change in vehicle class involving a higher insurer's premium

(1) This section applies to a proposed change to a registered motor vehicle or its use that would alter the vehicle's class to a class for which a higher insurer's premium would, assuming the change had happened before the relevant date, have been payable.

(2) The registered operator must—

(a) before the change is made—

(i) give the vehicle's insurer written notice of the change and when it is to be made; and

(ii) pay the insurer the premium shortfall; and

(b) as soon as practicable (and in any case not more than 14 days) after giving notice under paragraph (a), give transport administration a written notice—

(i) identifying the vehicle and the registered operator; and

(ii) stating the nature of the change to the vehicle or its use and when it was, or is to be, made; and

(iii) containing or accompanied by a receipt or other evidence that the premium shortfall has been paid.

Maximum penalty—30 penalty units.

(3) However, if the change is to happen on a transfer of the vehicle's registration, transport administration may arrange with the registered operator to notify the vehicle's insurer of the change on the registered operator's behalf.

(4) If an arrangement is made—

(a) subsection (2) does not apply to the registered operator; and

(b) transport administration must give the vehicle's insurer written notice of the change and when it was made; and

(c) the new registered operator must, on request by the insurer, pay the insurer the premium shortfall.

(5) In this section—

“**formula amount**” means the amount worked out using the formula—

$$\frac{A \times (P_1 - P_2)}{365}$$

where—

“**A**” means the number of days remaining in the vehicle’s registration period after the change.

“**P₁**” means the annual insurer’s premium for the vehicle’s class after the change (calculated as at the relevant date).

“**P₂**” means the annual insurer’s premium for the class under which the vehicle was insured before the change (calculated as at the relevant date).

“**premium shortfall**” means the higher of the following amounts—

- (a) the formula amount;
- (b) \$10.

“**relevant date**” means the commencement of the registration period during which the relevant change to the registered motor vehicle or its use happens.

5D Change in vehicle class involving a lower insurer’s premium

(1) This section applies to a change or proposed change to a registered motor vehicle or its use that changes the vehicle’s class to a class for which a lower insurer’s premium would, assuming the change had happened before the relevant date, have been payable.

(2) However, this section applies only if the change is intended to be permanent.

(3) The registered operator may ask for a refund of part of the insurer’s premium paid for the vehicle.

(4) Before asking for a refund, the registered operator must give transport administration a written notice—

- (a) identifying the vehicle and the registered operator; and
- (b) stating the nature of the change to the vehicle or its use and when the change was, or is to be, made; and

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(c) if the change is a change in the use of the vehicle—giving enough details to show the change is intended to be permanent.

(5) Transport administration may ask for any matter stated in the notice given under subsection (4) to be supported by statutory declaration.

(6) A request for a refund must be made by giving the vehicle’s insurer a written notice—

- (a) stating the nature of the change to the vehicle or its use and when the change was, or is to be, made; and
- (b) containing or accompanied by evidence the change in class has been accepted by transport administration.

(7) The insurer must give the registered operator a refund within 1 month after receiving the request.

(8) However, an insurer is not required to give a refund if—

- (a) the applicant for the refund did not pay the insurance premium; or
- (b) the refund amount calculated under this section is less than \$10; or
- (c) there has already been a refund for a change of class during the same registration period.

(9) The amount of a refund under this section is to be worked out using the formula—

where—

$$\frac{A \times (P_1 - P_2)}{365}$$

“**A**” means the number of days remaining in the vehicle’s registration period after the change.

“**P₁**” means the annual insurer’s premium for the class under which the vehicle was insured before the change (calculated as at the relevant date).

“**P₂**” means the annual insurer’s premium for the vehicle’s class after the change (calculated as at the relevant date).

(10) No right to the refund of a levy or administration fee arises on change of class of a registered motor vehicle during the registration period.

(11) In this section—

“**relevant date**” means the commencement of the registration period during which the relevant change to the registered motor vehicle or its use happens.

5E Refund on cancellation of registration

(1) If the registration of a motor vehicle is cancelled before the end of the registration period, the insurer of the vehicle must, at the request of—

- (a) the registered operator of the vehicle at the time of cancellation (the “**former registered operator**”); or
- (b) transport administration;

refund to the former registered operator, within 1 month of the request, the proportion of the insurer’s premium that the remainder of the registration period bears to the entire registration period.

(2) A request for a refund under subsection (1) must be supported by a written statement from transport administration confirming the cancellation of the registration and the date of the cancellation.

(3) An insurer is not required to give a refund if the refund amount calculated under this section is less than \$10.

(4) No right to the refund of a levy or administration fee arises on cancellation of the registration of a motor vehicle.

5F Refund by transport administration

Transport administration may give a refund under this regulation on behalf of the insurer of a motor vehicle if—

- (a) transport administration has arranged with the insurer to give refunds on the insurer’s behalf; or
- (b) the commission has asked transport administration to give refunds on the insurer’s behalf.

6 Requirement to notify change of vehicle class that does not affect insurer’s premium

(1) This section applies to a proposed change to a registered motor vehicle or its use that alters the vehicle’s class without affecting the

insurer's premium that would, assuming the change had happened before the relevant date, have been payable.

(2) The registered operator must, before or within 14 days after the change, give transport administration a written notice—

- (a) identifying the vehicle and registered operator; and
- (b) stating the nature of the change to the vehicle or its use and when the change was, or is to be, made.

Maximum penalty—4 penalty units.

(3) In this section—

“relevant date” means the commencement of the registration period during which the relevant change to the registered motor vehicle or its use happens.

7 Certificate of insurance—Act, s 21

A certificate of insurance must contain the following information—

- (a) the name of the CTP insurer;
- (b) the name and address of the registered owner, or prospective registered owner, of the vehicle;
- (c) the make, model, type and (if known) the year of manufacture of the vehicle;
- (d) the vehicle identification number or, if there is no vehicle identification number, the chassis number or, if there is neither a vehicle identification number nor a chassis number, the vehicle's engine number;
- (e) if the vehicle is registered in Queensland—the registered number assigned to the vehicle;
- (f) the vehicle's class for the purposes of CTP insurance;
- (g) the period for which the insurance premium has been paid;
- (h) the amount of the insurance premium paid;
- (i) other information required by the form approved by the commission.

8 Gratuitous insurance—Act, s 23(7)

For section 23(7) of the Act, motorised wheelchairs are a class of motor vehicles for which gratuitous insurance is provided by the Nominal Defendant.

9 Rate of interest applicable to overdue amounts owed by an insurer to transport administration—Act, s 27A(3)

The rate of interest for section 27A(3) of the Act is the rate for 10 year Treasury bonds published by the Reserve Bank of Australia under ‘Interest rates and yields—capital market’, as at the beginning of the quarter in which the payment should have been made.

PART 3—CLAIMS**10 Notice of claim—Act, s 37**

(1) A notice of claim must include particulars (so far as the claimant knows or can reasonably find out the particulars) of—

- (a) the claimant, including—
 - (i) the claimant’s full name and address; and
 - (ii) the claimant’s date of birth; and
 - (iii) the claimant’s gender; and
 - (iv) the claimant’s occupation and, if the claimant is currently employed, the name and address of the employer; and
- (b) the circumstances of the accident, including—
 - (i) the date, time and place of the accident; and
 - (ii) whether the claimant (or, in the case of a derivative claim, the injured person) came to be involved in the accident as driver, passenger or in some other capacity (which must be stated); and
 - (iii) whether the claimant (or, in the case of a derivative claim, the injured person) was using a protective device (such as a

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- seatbelt or safety helmet) at the time of the accident and, if so, the nature of the safety device; and
- (iv) details of the claimant's consumption of alcohol or drugs (or, in the case of a derivative claim, the injured person's consumption of alcohol or drugs) in the period of 12 hours immediately before the accident and, if the claimant (or injured person) was an occupant, but not the driver, of a motor vehicle involved in the accident, details of the driver's consumption of alcohol or drugs in the period of 12 hours immediately before the accident; and
 - (v) details of how the accident came to happen; and
 - (vi) a diagram showing (to the best of the claimant's knowledge) the scene of the accident; and
- (c) the cause of the accident, including—
- (i) who was (in the claimant's opinion) responsible for causing the accident; and
 - (ii) why the claimant attributes responsibility to that person or those persons; and
- (d) the make, model, type, colour, year of manufacture, and registration number of each vehicle involved in the accident; and
- (e) the name and address of the owner and of the driver of each motor vehicle involved in the accident; and
- (f) the names and addresses of the witnesses of the accident; and
- (g) the name of the police officer who attended the scene of the accident, or to whom the accident was reported, and the police station where the police officer was stationed and the traffic incident number assigned to the accident; and
- (h) the claimant's employment and income at the time of the accident; and
- (i) all significant disabilities suffered by the claimant; and
- (j) all claims made by the claimant for damages, compensation or social security benefits for a significant disability; and
- (k) all amounts received by the claimant by way of damages, compensation or social security benefits for a significant disability; and

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- (l) in the case of a claim other than a derivative claim—the date the claimant was first examined by a doctor in relation to personal injury resulting from the accident; and
 - (m) the date the claimant first consulted a lawyer about the possibility of making a claim.
- (2) The notice must contain—
- (a) a statement of the nature and extent of the claimant’s loss (as far as it can be assessed at the date of the notice); and
 - (b) a statement of an amount the claimant would be willing to accept in full satisfaction of the claim (an **“offer of settlement”**) or a statement of why the claimant is not yet in a position to make an offer of settlement.
- (3) Unless the claim is a derivative claim, the notice must contain a certificate signed by a doctor (the **“medical certificate”**) stating—
- (a) the doctor’s name, address, professional qualifications and provider number; and
 - (b) a description of the injury and its effects including the extent the injury has limited, or is likely to limit, the claimant’s ability to work; and
 - (c) details of hospitalisation and medical treatment to the date of the certificate and medical treatment the doctor considers will be necessary in the future.
- (4) The notice must—
- (a) be in a form approved by the commission; and
 - (b) be signed and witnessed as indicated in the form; and
 - (c) if the form indicates that information to be provided by the claimant in the notice (or some of it) is to be verified by the claimant on oath—contain the form of the oath completed (as indicated on the form) by the claimant and a person who is authorised by law to take the oath; and
 - (d) if the claim is a derivative claim made by or on behalf of the dependants of a person who died as a result of injury received in a motor vehicle accident—be accompanied by a copy of the death certificate.

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(5) The notice must include written permission allowing the insurer to have access to, and to make copies of, records about the claimant and relevant to the claim in the possession of the following—

- (a) other licensed insurers;
- (b) insurers that carry on the business of providing CTP insurance, workers' compensation insurance, personal accident or illness insurance, or insurance against loss of income through disability;
- (c) a department, agency or instrumentality of the Commonwealth, the State or another State administering police, transport, taxation or social welfare laws;
- (d) a hospital (including a private hospital);
- (e) an ambulance or other emergency service;
- (f) a doctor, professional provider of rehabilitation services or person professionally qualified to assess cognitive, functional or vocational capacity;
- (g) an employer (or previous employer) of the claimant;
- (h) an educational institution.

(6) If an insurer obtains information about the claimant through access to records under subsection (5), the insurer must pass the information on to the claimant within 1 month after obtaining the information.

(7) However, an insurer may withhold information from a claimant if the insurer has reasonable grounds to suspect the claimant of fraud.

(8) If an insurer withholds information from a claimant, the insurer must inform the commission of the decision, and of the grounds on which it was made, within 1 month after deciding to withhold the information.

(9) For a notice of claim, a disability (before or after the date of the accident) is “**significant**” if—

- (a) the disability may be relevant to the assessment of the extent of the injury suffered by the claimant in the accident; or
- (b) the disability or its symptoms lasted for 4 weeks or more.

10A Additional information form—Act, s 37A

An additional information form must—

- (a) be signed and witnessed as indicated in the form; and

- (b) if the form indicates that information to be provided by the claimant in the form (or some of it) is to be verified by the claimant on oath—contain the form of the oath completed (as indicated on the form) by the claimant and a person who is authorised by law to take the oath.

11 Offers of settlement

(1) An offer of settlement made by an insurer to a claimant must, if the claimant is not represented by a lawyer, be accompanied by an explanatory statement in a form approved by the commission.

(2) If a claimant is not an adult of full capacity, an offer (or counteroffer) of settlement can not be made or accepted by or for the claimant unless the court or the public trustee is satisfied that settlement of the claim on the terms proposed would be in the claimant's best interests and approves the terms of the offer (or counteroffer).

(3) An insurer is entitled to assume that an adult claimant is of full capacity unless—

- (a) the claimant's mental incapacity is obvious and should be apparent to the insurer; or
- (b) the claimant is subject to a protection order under the *Public Trustee Act 1978*; or
- (c) the court makes a declaration under subsection (4).

(4) On application by an interested person, the court may declare a claimant to be under the court's protection in negotiating settlement of the claim if—

- (a) the claimant is permanently or intermittently unable to manage the claimant's affairs or to resist undue influence, because of physical or mental illness or infirmity, or the influence of drugs; or
- (b) the claimant is in need of the court's protection for other reasons.

12 Verification and payment of expenses—Act, ss 42 and 51

(1) A request for payment or reimbursement of private hospital, medical and pharmaceutical expenses under section 42, or rehabilitation expenses under section 51 of the Act—

- (a) must be for a total amount of at least \$200; and
- (b) must be accompanied by receipts, unpaid accounts or other appropriate evidence of the expenses.

(2) However, if the claimant expects to make no further request for payment or reimbursement of expenses, the request may be for the outstanding total of the expenses even though the amount is less than \$200.

(3) If the insurer reasonably requires, the claimant must provide a certificate from the doctor responsible for treating the personal injury certifying that the expenses were reasonably incurred in view of the nature and extent of the injury.

PART 4—LICENSED INSURERS

13 Application to be licensed to issue CTP policies

An application for a licence under part 5 of the Act must be accompanied by—

- (a) a description of the applicant, the nature of its business and its experience in general insurance business in the State; and
- (b) a copy of the Act, charter, deed of settlement, memorandum and articles of association or other document by which the applicant is established; and
- (c) if the applicant is a body corporate limited by shares—
 - (i) particulars of the applicant's capital structure, the classes of its shares and its paid-up share capital; and
 - (ii) particulars of the applicant's shareholders; and
- (d) particulars of the applicant's directors, or the members of its governing body; and
- (e) particulars of the managers and staff who are to be involved in the applicant's CTP insurance business; and
- (f) particulars of entities with which the applicant is associated in its insurance business; and

- (g) if the applicant is subject to the Corporations Law—copies of the returns and accounts of the applicant for the last 3 years under the Corporations Law; and
- (h) if the applicant is subject to the *Insurance Act 1973* (Cwlth)—copies of the returns for the last 3 years under that Act; and
- (i) full particulars of reinsurance arrangements or proposed reinsurance arrangements for CTP insurance business; and
- (j) a business plan describing how the insurer's CTP business is to be conducted (including marketing, claims handling, the provision of rehabilitation services, the keeping of records, systems management and control of costs).

14 Condition about when licence takes effect—Act, s 64

A licence is subject to a condition that the licensed insurer is not to start carrying on business under the licence until the first day of the quarter next following the grant of the licence.

15 Accounts and returns—Act, s 70

(1) On filing or giving accounts, returns or other information under the Corporations Law or the *Insurance Act 1973* (Cwlth), a licensed insurer must file a copy with the commission.

(2) If a licensed insurer receives a request for information or explanation from the Insurance and Superannuation Commission (Cwlth), the insurer must, within 1 month after responding to the request, file a copy of the request, and its response to the request, with the commission.

(3) If asked for an actuarial report by the commission, a licensed insurer must file an actuarial report on the insurer's financial position with the commission within 3 months after receiving the request.

(4) Within 1 month after a transaction happens that may affect control of a licensed insurer, the insurer must file full particulars of the transaction with the commission.

(5) Within 1 month after a change of the manager responsible for managing a licensed insurer's CTP business, the insurer must file with the commission full particulars of the change.

16 Information to be provided by return—Act, s 88

(1) Within 7 days after the end of each reporting period, a licensed insurer must give the commission a return, in a form approved by the commission, for the reporting period under section 88 of the Act stating—

- (a) for each notice of claim received during the reporting period—
 - (i) the required claim details; and
 - (ii) if the notice of claim is not disputed—the required further claim details; and
- (b) for each disputed notice of claim for which the dispute was resolved during the reporting period—the required further claim details; and
- (c) for each notifiable step in the processing of a claim that takes place during the reporting period—
 - (i) the nature of the step; and
 - (ii) the date it was taken; and
 - (iii) other details of the notifiable step the commission requires by written notice given to all licensed insurers.

(2) Each of the following is a notifiable step in the processing of a claim—

- (a) a dispute affecting the notice of claim is resolved;
- (b) the insurer asks the claimant to complete an additional information form;
- (c) the claimant returns a completed additional information form to the insurer;
- (d) the insurer admits liability on a claim (with or without an allegation of contributory negligence against the claimant) or denies liability on the claim;
- (e) the insurer makes a decision about the provision of rehabilitation services for the claimant or agreement is reached on the rehabilitation services to be provided for the claimant;
- (f) a compulsory conference⁶ is held;
- (g) a claim is settled;

6 See part 4, division 5A (Compulsory conference) of the Act.

Motor Accident Insurance Regulation 1994

- (h) a proceeding based on the claim is started in a court;
- (i) a court makes a decision about liability or quantum of damages;
- (j) a claim is finalised.

(3) Within 15 days after the end of each reporting period, a licensed insurer must provide the commission with a return for the reporting period under section 88 of the Act—

- (a) stating the insurer's costs on each claim for the reporting period, including details of—
 - (i) professional legal costs and disbursements; and
 - (ii) investigative costs; and
 - (iii) private hospital, medical and pharmaceutical expenses; and
 - (iv) the cost of medical examinations and obtaining medical reports; and
 - (v) the cost of rehabilitation; and
 - (vi) other costs the commission, by notice to the licensed insurers, requires to be separately itemised; and
- (b) stating the amount recovered under part 4, division 7⁷ of the Act on each claim.

(4) If a claim involves 2 or more insurers and a claim manager is appointed, an insurer (other than the claim manager) that has notified the required claim details and has notified the appointment of the claim manager is exempt from the obligation to notify further information about the claim under subsections (1) and (3).

(5) A return must include particulars updating information supplied in previous returns about motor vehicle accidents, claims, estimates and costs.

(6) In this section—

“compliance date”, for a notice of claim, means—

- (a) if the notice is not a disputed notice of claim—the date the notice was received by the insurer; or
- (b) if the notice is a disputed notice of claim—the date the dispute was resolved.

⁷ Part 4, division 7 (Insurer's rights of recourse) of the Act

“disputed notice of claim” means a notice of claim is disputed if the insurer states in the insurer’s response to the notice of claim⁸ that the insurer—

- (a) is not satisfied the notice has been given as required under part 4, division 3⁹ of the Act; and
- (b) does not waive compliance with the relevant requirements.

“reporting period” means—

- (a) for subsection (1)—a month; or
- (b) for subsection (3)—
 - (i) a quarter; or
 - (ii) if the commission has given written notice to all licensed insurers that the reporting period is to be reduced to a month as from a specified date falling at least 3 months after the date of the notice and the specified date has passed—a month.

“required claim details”, for a motor vehicle accident claim, means the following details—

- (a) the date the notice of claim was received by the insurer;
- (b) the date the insurer opened a file on the claim;
- (c) the date, time and place of the accident;
- (d) an identifying accident number assigned by the insurer;
- (e) an identifying claim number;
- (f) the relevant traffic incident number;
- (g) for each claimant—
 - (i) the claimant’s full name and residential address; and
 - (ii) the claimant’s date of birth.

“required further claim details”, for a motor vehicle accident claim, means the following details—

- (a) the compliance date for the notice of claim;

⁸ See section 39(1)(a) (Response to the notice of claim) of the Act.

⁹ See part 4, division 3 (Claims procedures) of the Act.

- (b) the make, model, type, year of manufacture, and registration number of each motor vehicle involved in the accident;
- (c) the names and addresses of the owner and driver of each motor vehicle involved in the accident;
- (d) the name and address of each witness to the accident known to the insurer;
- (e) the circumstances of the accident (including how the claimant came to be involved in the accident);
- (f) the nature of the personal injury to the claimant;
- (g) the date (as shown in the notice of claim) on which the claimant was first examined by a doctor in relation to the personal injury;
- (h) the date (as shown in the notice of claim) on which the claimant first consulted a lawyer about the possibility of making a claim.

“resolve”, if a notice of claim is disputed, means the dispute is resolved if—

- (a) the insurer is satisfied the claimant has complied with the relevant requirements of part 4, division 3 of the Act, or is satisfied with the action taken by the claimant to remedy the noncompliance or waives compliance in any event; or
- (b) the court declares the claimant has remedied the noncompliance;¹⁰ or
- (c) the court authorises further proceedings based on the claim despite the noncompliance.¹¹

PART 5—MISCELLANEOUS

16A Panels of recognised medical experts—Act, s 45A

For section 45A(2)(a) of the Act, the following professional bodies are prescribed—

¹⁰ See section 39(5)(c)(i) of the Act.

¹¹ See section 39(5)(c)(ii) of the Act.

- (a) the Queensland Law Society;
- (b) the Australian Plaintiff Lawyers Association;
- (c) the Insurance Council of Australia.

16B Costs where mandatory final offer is accepted—Act, s 51C

(1) For section 51C(4) of the Act, if a mandatory final offer for more than \$30 000 but not more than \$50 000 is accepted, the claimant is entitled to payment of costs calculated on the following basis—

- (a) 100% of item 1 costs;
- (b) 50% of item 5 costs;
- (c) the claimant's costs of legal representation at the compulsory conference (if applicable) at the rate of \$175 for the first hour and \$150 for every hour after the first (and, for a period of less than 1 hour, the relevant proportion of the appropriate hourly rate);
- (d) the claimant's costs of an application to the court up to a maximum of \$400;
- (e) reasonable disbursements of which documentary evidence is available.

(2) However, if the amount calculated under subsection (1) is more than \$2 500, the claimant's entitlement is limited to \$2 500.

(3) In this section—

“item 1 costs” means costs allowable under the *Uniform Civil Procedure Rules 1999*, schedule 3, part 2, item 1.

“item 5 costs” means costs allowable under the *Uniform Civil Procedure Rules 1999*, schedule 3, part 2, item 5.

17 Fees for attending examination—Act, s 78

A person required to attend for examination under part 5, division 3 (Special investigations) of the Act is entitled to allowances and expenses on the same basis as a witness in a proceeding before the District Court.

18 Exchange of information—Act, s 92(2)

(1) The following are authorised to provide information to each other, and to receive information from each other, under section 92(2) of the Act—

- (a) licensed or other insurers providing CTP insurance (in the State or elsewhere);
- (b) the commission;
- (c) the Nominal Defendant.

(2) The following are authorised to provide information to, and to receive information from, licensed or other insurers providing CTP insurance (in the State or elsewhere), the commission or the Nominal Defendant under section 92(2) of the Act—

- (a) an insurer carrying on the business of providing workers' compensation insurance, personal accident or illness insurance, or insurance against loss of income through disability;
- (b) a department, agency or instrumentality of the Commonwealth, the State or another State, administering police, transport, taxation or social welfare laws;
- (c) a hospital;
- (d) an ambulance or other emergency service;
- (e) a doctor, professional provider of rehabilitation services or person professionally qualified to assess cognitive, functional or vocational capacity;
- (f) an employer (or previous employer) of the claimant;
- (g) an educational institution.

(3) The commission is authorised to disclose information to which section 92(1) of the Act applies to a department, agency or instrumentality of the Commonwealth administering laws that provide for the prudential regulation of entities in the financial sector.

19 Form and execution of industry deed—Act, s 65

(1) The approved form of the industry deed is the form set out in schedule 2.

(2) A party executes the industry deed by executing a counterpart of the deed provided by the commission.

(3) The executed counterpart must be lodged in the office of the commission.

20 Transitional application of industry deed

The industry deed applies to an unlicensed insurer for a motor vehicle accident claim as if the insurer were a party to the deed if—

- (a) the insurer was licensed under the former Act; and
- (b) the motor vehicle accident happened after the commencement of the Act.

SCHEDULE 1**TABLE OF VEHICLE CLASSES**

section 4

Vehicle class	Description of class
1	Cars and station wagons
2	Motorised homes (but not if the part of the motor vehicle designed for residence is detachable from the part providing the motive power)
3	Taxis (cars and station wagons only)
4	Hire vehicles that would otherwise fall within class 1, 2 or 6
5	Motor vehicles (including cycles) for use only as vintage, veteran, historic or street rod motor vehicles
6	Trucks, utilities and vans (including panel vans) with a gross vehicle mass of 4.5 t or less
7	Trucks, prime movers and vans with a gross vehicle mass of more than 4.5 t
8	Buses that are— <ul style="list-style-type: none"> (a) exempt or partially exempt from payment of vehicle registration fees on the basis of use for charitable or community service; or (b) used only for driver tuition; or (c) not used for or in connection with a business or commercial purposes
9	Buses used substantially for transporting— <ul style="list-style-type: none"> (a) children, mature age students, teachers, other school employees and parents to or from school or school events; or

SCHEDULE 1 (continued)

Vehicle class	Description of class
	(b) persons of any age to or from centres for therapy, rehabilitation, or remedial or other special education; (but a bus is not taken to be used substantially for transporting passengers of these classes if it carries a number of passengers of some other class or classes that is more than 10% of its adult passenger seating capacity)
10	Buses that are not within class 8 or class 9, but are to be used within 350 km of a nominated base
11	Buses that are not within class 8, 9 or 10
12	Motor cycles (with 2 wheels or 3 wheels), including motorcycles for hire, with seating only for the driver
13	Motor cycles (with 2 or 3 wheels), including motorcycles for hire, with either or both of the following— (a) seating for a pillion passenger; (b) a sidecar
14	Tractors (with or without attachment)
15	Self-propelled machinery or equipment, fire engines, bush fire brigade vehicles, and other emergency vehicles (other than ambulances)
16	Ambulances
17	Motor vehicles used only for primary production (other than motor vehicles for which a lower premium is prescribed)
18 ^a	
19	Motor vehicles with a gross vehicle mass of 1 t or less for which limited use plates have been, or are to be, issued

SCHEDULE 1 (continued)

Vehicle class	Description of class
20	Motor vehicles with a gross vehicle mass of more than 1 t, for which limited use plates have been or are to be issued
21 ^b	
22	Motor vehicles (other than trailers) for which permits have been, or are to be, issued allowing the vehicles to be driven on roads while unregistered
23	Motor vehicles (other than trailers) to be driven with a dealer's plate attached in the course of a business for which the dealer's plate is issued
24	Trailers registered under the <i>Interstate Road Transport Act 1985</i> (Cwlth) or trailers with a GVM of more than 4.5 t for which a supplementary policy (within the meaning of s 31(5) of the Act) is sought.
25 ^c	

-
- a Class 18 has been abolished.
b Class 21 has been abolished.
c Class 25 has been abolished.

SCHEDULE 1A**TABLE OF LEVIES**

section 5B

Class of CTP insurance	Statutory Insurance Scheme Levy	Hospital and Emergency Services Levy	Nominal Defendant Levy
	\$	\$	\$
1	1.10	7.50	12.40
2	1.10	7.50	12.40
3	1.10	14.50	24.80
4	1.10	14.50	24.80
5	1.10	1.50	2.00
6	1.10	7.50	12.40
7	1.10	14.50	24.80
8	1.10	7.50	12.40
9	1.10	7.50	12.40
10	1.10	14.50	24.80
11	1.10	14.50	24.80
12	1.10	2.50	4.00
13	1.10	7.50	12.40
14	1.10	2.50	4.00
15	1.10	2.50	4.00
16	1.10	7.50	12.40
17	1.10	4.00	6.20
18 ^a			
19	1.10	1.50	2.00
20	1.10	1.50	2.00
21 ^b			
22	1.10	1.50	2.00
23	1.10	7.50	12.40

SCHEDULE 1A (continued)

Class of CTP insurance	Statutory Insurance Scheme Levy	Hospital and Emergency Services Levy	Nominal Defendant Levy
24	1.10	2.50	4.00
25 ^c			

-
- a Class 18 has been abolished.
b Class 21 has been abolished.
c Class 25 has been abolished.

SCHEDULE 2**MOTOR ACCIDENT INSURANCE ACT 1994 INDUSTRY DEED**

section 19

Recitals

The *Motor Accident Insurance Act 1994* establishes a statutory insurance scheme under which powers and responsibilities are to be exercised by the commission, transport administration, the Nominal Defendant and licensed insurers.

The purposes of this deed are—

- (a) to deal with obligations of licensed insurers under the statutory insurance scheme; and
- (b) to deal with the mutual obligation of insurers in the statutory insurance scheme and with certain aspects of their relationship; and
- (c) to regulate certain aspects of the insurance business conducted under the statutory insurance scheme; and
- (d) to deal with the obligation of transport administration to keep records, provide information, and take proceedings for contravention of certain provisions of the Act.

PART 1—PRELIMINARY**1 Parties**

(1) The parties to this deed are—

- (a) the commission; and
- (b) the Nominal Defendant; and
- (c) all licensed insurers; and

SCHEDULE 2 (continued)

(d) transport administration.

(2) A licensed insurer is a party to this deed while the licence remains in force and, after ceasing to be a licensed insurer, remains subject to the obligations of a licensed insurer under this deed until the commission is satisfied that the licensed insurer has discharged all outstanding liabilities under the statutory insurance scheme and releases the insurer from this deed.

2 Definitions

(1) In this deed—

“**Act**” means the *Motor Accident Insurance Act 1994*.

“**claim costs**” means costs of an insurer on a claim.

“**class**” of a motor vehicle means its class under schedule 1 of the *Motor Accident Insurance Regulation 1994*.

“**referee**” means a person, or 1 or a panel of persons, approved by the commission to arbitrate disputes under this deed.

(2) In this deed, words and expressions defined in the Act have, unless the contrary intention appears, the meaning given in the Act.

PART 2—CLAIMS MANAGEMENT AND REHABILITATION

3 Claims procedures generally

(1) An insurer must deal expeditiously with claims.

(2) An insurer must ensure that its procedures for dealing with claims are efficient and cost-effective.

(3) An insurer must—

- (a) have an office in the State for dealing with motor vehicle accident claims with a staff who are competent and authorised to deal with claims on the insurer’s behalf; and

SCHEDULE 2 (continued)

- (b) process all motor vehicle accident claims in the State (other than claims arising out of motor vehicle accidents happening outside the State or in which a person who is not resident in the State is injured); and
- (c) keep a record of—
 - (i) each notice of claim the insurer receives under section 37 of the Act (Notice of accident claim) and the date when the insurer received it; and
 - (ii) each waiver or order affecting a claim under section 39 of the Act (Response to the notice of claim), the terms and conditions of the waiver or order, and the date when it was given or made; and
 - (iii) each offer or counteroffer of settlement made by or on behalf of a claimant, the terms and conditions of the offer or counteroffer, and the date when the insurer received it; and
- (d) keep all other records necessary to enable the commission to monitor the insurer's compliance with obligations under part 4 of the Act (Claims).

4 Rehabilitation

The commission may issue rehabilitation standards and guidelines for insurers to—

- (a) provide for the assessment of the nature and extent of an injured claimant's need for rehabilitation; and
- (b) ensure that injured claimants are properly informed about their obligations to undertake appropriate medical treatment and rehabilitation programs; and
- (c) facilitate access to appropriate rehabilitation services for injured claimants and others; and
- (d) provide guidance to help insurers decide what rehabilitation costs are reasonable and necessary; and
- (e) ensure the rehabilitation process for an injured claimant is appropriately managed; and

SCHEDULE 2 (continued)

- (f) monitor the effectiveness of rehabilitation services and the providers of rehabilitation services.

PART 3—CLAIMS INVOLVING MULTIPLE INSURERS**5 Obligation to resolve questions**

(1) If 2 or more insurers are liable or potentially liable on a claim (other than a claim involving an unidentified vehicle), the insurers must resolve questions about which insurer is to be the claim manager and the basis on which claim costs are to be shared between them as soon as practicable after notice of the claim is given under part 4, division 3 of the Act (Claims procedures).

(2) If a question about which insurer is to be claim manager, or about the basis on which claim costs are to be shared, has not been resolved within 2 months after the notice of claim is given, the question is taken to be in dispute between the insurers, and they must immediately give notice of dispute to the commission.

(3) The commission may refer a dispute of which notice is given under subsection (2) to a referee.

(4) However, a question about the basis on which claim costs are to be shared between the insurers is not to be referred to a referee if this deed prescribes the basis on which claim costs are to be shared in the absence of agreement between the insurers.¹²

(5) Before the commission refers a disputed question to a referee under this section, the commission must obtain an assurance from the referee that the referee will, in the absence of unforeseen difficulties, be able to resolve the question within a reasonable period fixed by the commission.

¹² See section 6(2) (Cost sharing).

SCHEDULE 2 (continued)

6 Cost sharing

(1) The basis on which claim costs are to be shared between licensed insurers that are liable, or potentially liable, on the claim is to be decided by agreement between them.

(2) However, if—

- (a) a person makes a claim for personal injury arising out of a motor vehicle accident in which 2 or more motor vehicles were involved (other than an accident involving an unidentified motor vehicle for which the Nominal Defendant is the insurer); and
- (b) the motor vehicles are all of the same class and all registered in the State; and
- (c) the claimant is not the driver of a motor vehicle involved in the accident; and
- (d) no insurer has a right of recourse against an insured person; and
- (e) the insurers have not decided the basis on which claim costs are to be shared between them within 2 months after the notice of claim is given;

the claim costs are to be shared between the licensed insurers in the proportions that the number of motor vehicles insured by each insurer bears to the total number of vehicles involved in the accident.

7 Resolution of disputed questions

(1) If the commission refers a disputed question to a referee under this deed, each party to the dispute must give the referee—

- (a) copies of documents in the party's possession relevant to the claim and the question in dispute; and
- (b) a written submission on how the question should, in the party's opinion, be resolved.

(2) If the referee asks for further information or assistance from a party to the dispute, the party must provide the information or assistance within the time fixed by the referee.

SCHEDULE 2 (continued)

(3) The referee is taken to be an arbitrator appointed under the *Commercial Arbitration Act 1990*, and has all the powers of an arbitrator under that Act.

(4) After considering the disputed question, the referee may—

- (a) decide who is to be the claim manager or how the claim costs are to be shared; and
- (b) make orders to give effect to the decision and for payment of the costs of the proceedings before the referee.

(5) The referee's decision and orders are binding on all parties.

(6) The referee must act as expeditiously as possible and with a minimum of formality.

(7) The costs of the referee and of the proceedings before the referee are to be paid by the parties to the dispute in proportions decided by the referee.

8 Rules for resolving disputes

The Institute of Arbitrators Rules apply to a proceeding before the referee under this deed.

9 Responsibility of claim manager

(1) A licensed insurer must, within 14 days after the end of each month, give other licensed insurers for whom the insurer is acting as claim manager a written notice—

- (a) identifying the claims for which the insurer is acting as claim manager on behalf of the insurer to which the notice is given; and
- (b) stating the claim costs incurred by the insurer during the month for each of the claims; and
- (c) stating the name of all other insurers ("**contributing insurers**") from which the insurer claims contribution towards claim costs on each claim, and the amount of the contribution; and
- (d) giving details and supporting information in a form required by the commission.

SCHEDULE 2 (continued)

(2) If the basis of sharing claim costs has been decided, a contributing insurer must pay the appropriate contribution to the claim manager within 14 days after receiving the notice under subsection (1).

(3) If the basis of sharing claim costs has not been decided, a contributing insurer must pay the appropriate contribution to the claim manager within 14 days after the basis of cost sharing has been decided.

10 Accounts to be kept

A licensed insurer must keep proper accounts setting out for each claim—

- (a) all contributions to claim costs made to other insurers; and
- (b) all contributions to claim costs received from other insurers; and
- (c) all other amounts received or recovered by the insurer towards claim costs.

PART 4—EXCHANGE OF INFORMATION**11 Exchange of information**

(1) A licensed insurer must, at the request of another licensed insurer who has a proper interest in the information because of a motor vehicle accident claim against the other insurer, provide information in the insurer's possession relevant to—

- (a) a motor vehicle accident claim; and
- (b) a claimant under a motor vehicle accident claim; and
- (c) a person who is related in some way to a claimant under a motor vehicle accident claim.

(2) However, a licensed insurer may withhold information under this section if—

- (a) there are reasonable grounds to believe the information is not being genuinely sought to resolve a claim or to combat fraud; or

SCHEDULE 2 (continued)

- (b) the information is relevant to an unresolved dispute between the insurers.

PART 5—PUBLIC DISCLOSURE OF INFORMATION**12 Information may be publicly disclosed**

The commission may publish information the commission considers should be disclosed in the public interest about—

- (a) a licensed insurer's financial position; or
- (b) a licensed insurer's management of claims, provision of rehabilitation services, or compliance with other obligations under the statutory insurance scheme; or
- (c) other matters concerning the conduct of CTP insurance business.

PART 6—TRANSPORT ADMINISTRATION'S OBLIGATIONS**13 Transport administration's obligation to make its records available to the commission**

Transport administration must provide the commission with access to transport administration's records of motor vehicle registration and compulsory third party insurance.

14 Transport administration's obligation to provide information for licensed insurers

(1) Transport administration must give each licensed insurer information for each week about—

- (a) the total amount of CTP insurance premiums received for the insurer in the week, and the total amount of insurance premiums

SCHEDULE 2 (continued)

as shown in certificates of insurance, showing the insurer as the CTP insurer, lodged with applications for registration or renewal of registration, for each class of motor vehicle; and

- (b) for each class of motor vehicles—
 - (i) the total number of vehicles for which the insurer was chosen as the CTP insurer (differentiating between CTP policies for vehicles that were previously unregistered, renewals of existing CTP policies, and CTP policies for which the insurer was selected in place of another insurer); and
 - (ii) the registration numbers of the vehicles and the names and addresses of the registered owners; and
- (c) changes of registered owners of vehicles insured under CTP policies with the insurer and the names and addresses of the new registered owners; and
- (d) class changes affecting vehicles insured under CTP insurance policies with the insurer; and
- (e) the cancellation of registration of vehicles insured under CTP insurance policies with the insurer.

(2) The information must be provided within 7 days after the end of the week to which the information relates.

16 Notice to accompany registration renewal notice

(1) Transport administration must send with each notice for the renewal of registration—

- (a) a list of licensed insurers in a form approved by the commission; and
- (b) a form for nominating an insurer as the insurer under the CTP insurance policy.

(2) The list must also be displayed at transport administration's offices at which applications for registration and renewal of registration are accepted.

SCHEDULE 2 (continued)

17 Transport administration's responsibility for enforcement

Transport administration must, at the request of the commission—

- (a) undertake responsibility for the enforcement of specified provisions of the Act; and
- (b) investigate suspected contraventions of the relevant provisions and take proceedings for suspected offences.

PART 7—GENERAL**18 Late fees**

(1) If an insurer fails to comply with an obligation imposed under the Act, a regulation or this deed within the relevant time limit, the commission may, by notice to the insurer, require the insurer to pay a fee for the delay in compliance.

(2) The fee must be based on costs to the commission resulting from the delay.

(3) The commission may, for good reason, remit a fee payable under the scale of late fees.

19 Exclusion of collateral agreement etc.

This deed operates to the exclusion of a collateral agreement or understanding.

SCHEDULE 2 (continued)

The common seal of [*here insert name of the party*] was affixed to this counterpart of the deed on [*here insert date of execution*] in the presence of [*here insert names, addresses and occupations of persons authorised to affix the seal on behalf of the party*].

[*Common seal*]

[*Signatures of the persons attesting
affixation of the seal*]

ENDNOTES

1 Index to endnotes

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2 Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 13 July 2001. Future amendments of the Motor Accident Insurance Regulation 1994 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	prev	= previous
amd	= amended	(prev)	= previously
amdt	= amendment	proc	= proclamation
ch	= chapter	prov	= provision
def	= definition	pt	= part
div	= division	pubd	= published
exp	= expires/expired	R[X]	= Reprint No.[X]
gaz	= gazette	RA	= Reprints Act 1992
hdg	= heading	reloc	= relocated
ins	= inserted	renum	= renumbered
lap	= lapsed	rep	= repealed
notfd	= notified	s	= section
o in c	= order in council	sch	= schedule
om	= omitted	sdiv	= subdivision
orig	= original	SIA	= Statutory Instruments Act 1992
p	= page	SIR	= Statutory Instruments Regulation 1992
para	= paragraph	SL	= subordinate legislation
prec	= preceding	sub	= substituted
pres	= present	unnum	= unnumbered

4 Table of earlier reprints

TABLE OF EARLIER REPRINTS

[If a reprint number includes a roman letter, the reprint was released in unauthorised, electronic form only.]

Reprint No.	Amendments included	Reprint date
1	none	1 September 1994
1A	to SL No. 75 of 1996	27 September 1996
1B	to SL No. 90 of 1997	20 May 1997
1C	to SL No. 90 of 1997	20 November 1997
2	to SL No. 30 of 1998	10 March 1998
2A	to SL No. 216 of 1998	29 July 1998
2B	to SL No. 216 of 1998	4 March 1999
2C	to SL No. 46 of 1999	7 April 1999
2D	to SL No. 197 of 1999	1 September 1999
2E	to SL No. 141 of 2000	14 July 2000
2F	to SL No. 236 of 2000	6 October 2000
2G	to SL No. 327 of 2000	20 December 2000
3	to SL No. 327 of 2000	17 January 2001

5 List of legislation

Motor Accident Insurance Regulation 1994 SL No. 298

made by the Governor in Council on 11 August 1994
 notfd gaz 12 August 1994 pp 1732–3
 ss 1–2 commenced on date of notification
 remaining provisions commenced 1 September 1994 (see s 2)
exp 1 September 2004 (see SIA s 54)
 as amended by—

Motor Accident Insurance Amendment Regulation (No. 1) 1995 SL No. 98

notfd gaz 21 April 1995 pp 1718–21
 ss 1–2 commenced on date of notification
 remaining provisions commenced 1 July 1995 (see s 2)

Motor Accident Insurance Legislation Amendment Regulation (No. 2) 1995 SL No. 178 pts 1–2

notfd gaz 9 June 1995 pp 1165–71
 ss 1–2 commenced on date of notification
 remaining provisions never commenced and rep 1996 SL No. 75 s 10

Motor Accident Insurance Legislation Amendment Regulation (No. 1) 1996 SL No. 75 pts 1–2

notfd gaz 26 April 1996 pp 1781–2
 ss 1–2 commenced on date of notification
 remaining provisions commenced 1 July 1996 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 1) 1997 SL No. 90

notfd gaz 18 April 1997 pp 1621–2
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 1997 (see s 2)

Motor Accident Insurance Legislation Amendment Regulation (No. 1) 1998 SL No. 30 pts 1–2

notfd gaz 6 March 1998 pp 1032–3
commenced on date of notification

Motor Accident Insurance Amendment Regulation (No. 1) 1998 SL No. 216

notfd gaz 24 July 1998 pp 1491–2
ss 1–2 commenced on date of notification
remaining provisions commenced 24 September 1998 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 1) 1999 SL No. 46

notfd gaz 1 April 1999 pp 1534–6
ss 1–2 commenced on date of notification
remaining provisions commenced 6 April 1999 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 2) 1999 SL No. 67

notfd gaz 23 April 1999 pp 1951–3
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 1999 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 3) 1999 SL No. 197

notfd gaz 27 August 1999 pp 2224–7
commenced on date of notification

Motor Accident Insurance Amendment Regulation (No. 1) 2000 SL No. 65

notfd gaz 20 April 2000 pp 1533–6
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2000 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 2) 2000 SL No. 141

notfd gaz 30 June 2000 pp 736–48
ss 1–2 commenced on date of notification
remaining provisions commenced 1 October 2000 (see s 2)

Motor Accident Insurance Amendment Regulation (No. 3) 2000 SL No. 236 (as amd 2001 SL No. 20 s 1 pt 3 (as from 23 March 2001))

notfd gaz 15 September 2000 pp 222–5
ss 1–2 commenced on date of notification
s 10 commences 1 January 2002 (see s 2(2))
remaining provisions commenced 1 October 2000 (see s 2(1))

Motor Accident Insurance Amendment Regulation (No. 4) 2000 SL No. 327

notfd gaz 15 December 2000 pp 1478–83
commenced on date of notification

Motor Accident Insurance Amendment Regulation (No. 1) 2001 SL No. 20 pts 1–2

notfd gaz 23 March 2001 pp 1280–1
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2001 (see s 2)

6 List of annotations

Definitions

- s 3** def “**bus**” ins 1996 SL No. 75 s 4
 def “**claim manager**” ins 1998 SL No. 30 s 3
 def “**derivative claim**” ins 2000 SL No. 236 s 4
 def “**disability**” ins 2000 SL No. 236 s 4
 def “**gross premium**” om 2000 SL No. 141 s 4
 def “**injured person**” ins 2000 SL No. 236 s 4
 def “**net premium**” om 2000 SL No. 141 s 4
 def “**notice of claim**” ins 2000 SL No. 236 s 4
 def “**premium income**” om 2000 SL No. 327 s 3
 def “**premium period**” ins 1998 SL No. 30 s 3
 def “**registered owner**” om 2000 SL No. 141 s 4
 def “**registration period**” ins 1998 SL No. 30 s 3

Division 1—Interpretation

- div hdg** ins 1999 SL No. 46 s 4

Classification of motor vehicles for fixing insurance premiums

- s 4** sub 2000 SL No. 141 s 5

Registering vehicles up to a common expiry date

- s 4A** ins 1999 SL No. 46 s 4

Division 2—Provisions about CTP insurance policies

- div hdg** ins 1999 SL No. 46 s 4

Setting of insurer’s premiums—Act, ss 13 and 13A

- s 5** amd 1995 SL No. 98 s 4; 1996 SL No. 75 s 5; 1997 SL No. 90 s 4; 1998 SL No. 30 s 4; 1998 SL No. 216 s 4; 1999 SL No. 46 s 5; 1999 SL No. 67 s 4; 2000 SL No. 65 s 4
 sub 2000 SL No. 141 s 6
 amd 2001 SL No. 20 s 4

Insurer’s premium where registration period is more or less than 1 year—Act, s 13(4)(b)

- s 5A** ins 1995 SL No. 98 s 5
 amd 1998 SL No. 30 s 5; 2000 SL No. 65 s 5
 sub 2000 SL No. 141 s 6

Levies and administration fee—Act, s 14A

- s 5B** ins 1998 SL No. 30 s 6
 amd 2000 SL No. 65 s 6
 sub 2000 SL No. 141 s 6
 amd 2000 SL No. 236 s 5; 2001 SL No. 20 s 5

Change in vehicle class involving a higher insurer’s premium

- s 5C** ins 1998 SL No. 30 s 6
 sub 2000 SL No. 141 s 6

Change in vehicle class involving a lower insurer’s premium

- s 5D** ins 2000 SL No. 141 s 6

Refund on cancellation of registration

s 5E ins 2000 SL No. 141 s 6

Refund by transport administration

s 5F ins 2000 SL No. 141 s 6

Requirement to notify change of vehicle class that does not affect insurer's premium

s 6 amd 1995 SL No. 98 s 6; 1995 SL No. 178 s 4 (never commenced and om 1996 SL No. 75 s 10); 1996 SL No. 75 s 6; 1997 SL No. 90 s 5; 1998 SL No. 30 s 7; 1998 SL No. 216 s 5; 1999 SL No. 67 s 5; 2000 SL No. 65 s 7 sub 2000 SL No. 141 s 6

Administration fee—Act, s 15

s 6A ins 1995 SL No. 98 s 7

amd 1996 SL No. 75 s 7; 1997 SL No. 90 s 6; 1998 SL No. 216 s 6; 1999 SL No. 46 s 6; 1999 SL No. 67 s 6; 2000 SL No. 65 s 8 om 2000 SL No. 141 s 6

Certificate of insurance—Act, s 21

s 7 amd 2000 SL No. 141 s 7

Gratuitous insurance—Act, s 23(7)

s 8 amd 1995 SL No. 98 s 8 sub 2000 SL No. 141 s 8

Rate of interest applicable to overdue amounts owed by an insurer to transport administration—Act, s 27A(3)

s 9 amd 1995 SL No. 98 s 9; 1995 SL No. 178 s 5 (never commenced and om 1996 SL No. 75 s 10); 1996 SL No. 75 s 8; 1998 SL No. 30 s 8 sub 2000 SL No. 141 s 9

Notice of claim—Act, s 37

s 10 sub 2000 SL No. 236 s 6

Additional information form—Act, s 37A

s 10A ins 2000 SL No. 236 s 6

Condition about when licence takes effect—Act, s 64

s 14 sub 2000 SL No. 141 s 10

Information to be provided by return—Act, s 88

s 16 amd 1998 SL No. 30 s 9 sub 2000 SL No. 236 s 7

Panels of recognised medical experts—Act, s 45A

s 16A ins 2000 SL No. 236 s 8

Costs where mandatory final offer is accepted—Act, s 51C

s 16B ins 2000 SL No. 236 s 8

Fees for attending examination—Act, s 78

s 17 amd 1999 SL No. 46 s 7

Exchange of information—Act, s 92(2)

s 18 amd 1999 SL No. 197 s 3; 2000 SL No. 236 s 9

SCHEDULE 1—TABLE OF VEHICLE CLASSES

sub 1996 SL No. 75 s 9; 1997 SL No. 90 s 7; 1998 SL No. 216 s 7; 1999 SL No. 67 s 7; 2000 SL No. 65 s 9; 2000 SL No. 141 s 11
 amd 2000 SL No. 236 s 10

SCHEDULE 1A—TABLE OF LEVIES

ins 2000 SL No. 141 s 11
 sub 2001 SL No. 20 s 6

SCHEDULE 2—MOTOR ACCIDENT INSURANCE ACT 1994 INDUSTRY DEED**Claims procedures generally**

s 3 amd 2000 SL No. 236 s 11(1); 2000 SL No. 327 s 4

Transport administration's obligation to make its records available to the commission

s 13 sub 2000 SL No. 236 s 11(2)

Microfilm records

s 15 om 2000 SL No. 236 s 11(3)

7 Provisions that have not commenced and are not incorporated into reprint

The following provisions are not incorporated in this reprint because they had not commenced before the reprint date (see Reprints Act 1992, s 5(c)).

Motor Accident Insurance Amendment Regulation (No. 3) 2000 SL No. 236 s 10 reads as follows—

10 Amendment of sch 1 (Table of vehicle classes)

(1) Schedule 1, item 15—

omit, insert—

- ‘15 (a) Self-propelled machinery (other than a vehicle of class 14, 19 or 20); and
 (b) Fire engines, bush fire brigade vehicles and other emergency vehicles (but not ambulances)’.

(2) Schedule 1, items 19 and 20—

omit, insert—

- '19 Motor vehicles for which limited use plates have been, or are to be issued, on the basis that the use of the motor vehicles is restricted to specified locations
- 20 Motor vehicles for which limited use plates have been, or are to be issued, on the basis that the use of the motor vehicles within specified zones is restricted'.