



Queensland

*Motor Accident Insurance Act 1994*

# **Motor Accident Insurance Regulation 2018**

**Current as at 1 July 2021**

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Queensland

# Motor Accident Insurance Regulation 2018

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# Motor Accident Insurance Regulation 2018

## Part 1 Preliminary

### 1 Short title

This regulation may be cited as the *Motor Accident Insurance Regulation 2018*.

### 2 Commencement

This regulation commences on 1 September 2018.

### 3 Definitions

The dictionary in schedule 5 defines particular words used in this regulation.

## Part 2 Classification of motor vehicles

### 4 Classification of motor vehicles for fixing insurance premiums

- (1) For fixing insurance premiums for CTP insurance, motor vehicles are classified as stated in schedule 1.
- (2) If a motor vehicle falls into 2 or more of the classes stated in schedule 1, the vehicle's class is taken to be the class that attracts the highest insurance premium.
- (3) However—
  - (a) if the motor vehicle is used only for primary production, the insurance premium is calculated on the basis appropriate to a vehicle used only for primary production even if the vehicle also belongs to another class that attracts a higher insurance premium; and

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- (b) if a bus falls into class 9 and also class 10A or 11, the bus is taken to fall into class 9, and not class 10A or 11, if—
  - (i) the bus is not likely to be used for a purpose that would result in its classification under class 10A or 11 for a period, or a number of separate periods, of more than  $\frac{14}{365}$  of the total registration period for the bus; and
  - (ii) before the bus is used for a purpose mentioned in subparagraph (i), the registered operator of the bus 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 the higher of the following—
    - (A) \$4 for each day the bus is to be used for that purpose;
    - (B) \$10; and
- (c) if a bus (a *replacement bus*) falls into a class other than class 10B, the replacement bus may be used to replace a bus that falls into class 10B (a *class 10B bus*), without affecting the classification of the replacement bus under schedule 1, if—
  - (i) the replacement bus is used to replace a class 10B bus for a period, or a number of separate periods, of not more than  $\frac{14}{365}$  of the total registration period of the replacement bus; and
  - (ii) before the replacement bus is used to replace a class 10B bus, the registered operator of the replacement bus advises the insurer of the day or days on which the replacement bus is to be used to replace a class 10B bus; and
  - (iii) while the replacement bus is used to replace a class 10B bus, the class 10B bus is not used to transport passengers.



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## Part 3 CTP insurance policies

### Division 1 Matters about insurer's premium

#### 5 Setting insurer's premium—Act, ss 13 and 13A

- (1) For section 13(2) of the Act, each quarter is an assessment period.
- (2) For section 13A(7) of the Act, the time limit for an insurer to submit to the commission the premiums set by the insurer for an assessment period is the period—
  - (a) starting on the day on which the insurer receives notice of the limits of insurer's premium fixed by the commission for each class of CTP insurance; and

*Note—*  
See section 13A(6)(b) of the Act.

  - (b) ending on the day that is 10 weeks before the start of the assessment period.
- (3) For section 13A(9) of the Act, the time limit in relation to an assessment period is the day that is 9 weeks before the start of the 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)—
  - (a) must be paid directly to the insurer; and
  - (b) is taken not to be part of the insurance premium under the provisions of the Act and this regulation dealing with the collection, disbursement and refund of insurance premiums.
- (6) The limits of insurer's premium fixed by the commission for a class 10A, 10B or 11 motor vehicle may include an amount worked out using the formula—

$$(N - 7) \times SA$$

where—

*N* means the number of passenger seats in the vehicle.

*SA* means an amount, for each passenger seat in the vehicle, decided by the commission.

- (7) The limits of insurer's premium fixed by the commission for a class 22 motor vehicle may include an amount for each day more than 1 day the vehicle may be driven on roads while unregistered.

## **6 Additional amount for insurer's premium—Act, s 13**

For section 13(3B)(b) of the Act, the additional amount for a CTP insurance policy for a class of motor vehicles is an amount equal to the percentage, stated for the class in schedule 2, column 2, of the insurer's premium set under section 13(1) of the Act for the motor vehicle's class of insurance.

## **8 Levies and administration fee—Act, s 14A**

- (1) The following levies for the financial year starting on 1 July 2021 are fixed under schedule 3—
- (a) the statutory insurance scheme levy;
  - (b) the hospital and emergency services levy;
  - (c) the Nominal Defendant levy.
- (2) The administration fee for the financial year starting on 1 July 2021 is fixed at \$8.60.
- (3) The levies and administration fee fixed under subsection (1) or (2) are the amounts for 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 to be worked out using the 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).

*N* is the number of days in the registration period.

- (4) Despite subsection (3), if the motor vehicle is a motor vehicle, other than a trailer, for which an unregistered vehicle permit has been or is to be issued, the levy and administration fee fixed under subsections (1) and (2) apply regardless of the period of the permit.

## **9 Change in vehicle class involving higher insurer's premium**

- (1) This section applies if a change to a registered motor vehicle or its use changes the vehicle's class to a class for which a higher insurer's premium would have been payable if the change had happened before the relevant date.
- (2) The registered operator of the vehicle 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, but not more than 14 days, after giving notice under paragraph (a)(i), 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 the change was, or is to be, made; and

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

Maximum penalty—20 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 under subsection (3)—
- (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, if asked 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.

*P<sub>1</sub>* means the annual insurer's premium, calculated at the relevant date, for the vehicle's class after the change.

*P<sub>2</sub>* means the annual insurer's premium, calculated at the relevant date, for the class under which the vehicle was insured before the change.

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

- (a) the formula amount;

(b) \$10.

*relevant date* means the first day of the registration period in which the change to the registered motor vehicle or its use happens.

## **10 Change in vehicle class involving lower insurer's premium**

- (1) This section applies if a change to a registered motor vehicle or its use changes the vehicle's class to a class for which a lower insurer's premium would have been payable if the change had happened before the relevant date.
- (2) However, this section applies only if the change is intended to be permanent.
- (3) The registered operator of the vehicle may ask the vehicle's insurer for a refund of part of the insurer's premium paid for the vehicle 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.
- (4) Before asking for the 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
  - (c) if the change is a change in the use of the vehicle—containing enough information to show the change is intended to be permanent.
- (5) Transport administration may ask for some or all information stated in the written notice to be verified by statutory declaration.
- (6) The vehicle's insurer must give the registered operator the refund within 1 month after receiving the request for the refund.

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- (7) However, an insurer is not required to give the refund if—
- (a) the person making the request 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 given under this section in relation to the vehicle in the same registration period.
- (8) The amount of the refund must be 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.

*P<sub>1</sub>* means the annual insurer's premium, calculated at the relevant date, for the class under which the vehicle was insured before the change.

*P<sub>2</sub>* means the annual insurer's premium, calculated at the relevant date, for the vehicle's class after the change.

- (9) No right to the refund of a levy or the administration fee arises on change of class of a registered motor vehicle in the registration period.
- (10) In this section—
- relevant date* means the first day of the registration period in which the change to the registered motor vehicle or its use happens.

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## 11 Change in vehicle class not affecting insurer's premium

- (1) This section applies if a change to a registered motor vehicle or its use changes the vehicle's class without affecting the insurer's premium that would have been payable if the change had happened before the relevant date.
- (2) The registered operator of the vehicle must, before or within 14 days after the change, 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.

Maximum penalty—4 penalty units.

- (3) In this section—

*relevant date* means the first day of the registration period in which the change to the registered motor vehicle or its use happens.

## 12 Refund on cancellation of registration

- (1) This section applies if the registration of a motor vehicle is cancelled before the end of the registration period for the vehicle.
- (2) The registered operator of the vehicle at the time of the cancellation, or transport administration, may request a refund of the calculated amount from the vehicle's insurer.
- (3) The request for the refund must be supported by a written statement from transport administration confirming the cancellation of the registration and the date of the cancellation.
- (4) The vehicle's insurer must refund the calculated amount to the registered operator of the vehicle within 1 month after receiving the request for the refund.
- (5) However, the insurer is not required to give a refund if the calculated amount is less than \$10.

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

(7) In this section—

*calculated amount* means the amount worked out using the formula—

$$\frac{IP \times A}{B}$$

where—

*A* means the number of days remaining in the registration period.

*B* means the total number of days in the registration period.

*IP* means the insurer's premium paid for the registration period.

### **13 Refund by transport administration**

Transport administration may give a refund under section 10 or 12 on behalf of the insurer of a motor vehicle if—

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

## **Division 2 Other matters**

### **14 Gratuitous insurance—Act, s 23**

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.



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**15 Rate of interest for amount owed to transport administration—Act, s 27A**

For section 27A(3) of the Act, the rate of interest is the yield for Commonwealth Government 10-year bonds (monthly) published by the Reserve Bank of Australia, as at the beginning of the quarter in which the payment should have been made.

*Note—*

The rate of interest is available on the Reserve Bank of Australia's website.

## **Part 4 Claims**

### **Division 1 Notices of claims and additional information forms**

**16 Notice of claim—generally**

A notice of claim must—

- (a) be in a form approved by the commission; and
- (b) be signed and witnessed as shown in the form; and
- (c) if the form states that some or all of the information to be provided by the claimant in the notice must be verified by the claimant on oath—contain the form of the oath completed, as shown on the form, by the claimant and a person who is permitted by law to administer the oath.

**17 Statement of information for notice of claim—Act, s 37(1)(a)**

- (1) A notice of claim must include information about each of the following, to the extent the claimant knows or can reasonably find out the information—
  - (a) the following information about the claimant—

- (i) full name and address;
  - (ii) date of birth;
  - (iii) gender;
  - (iv) occupation and, if the claimant is employed, the name and address of the employer;
  - (v) email address;
  - (vi) medicare number;
  - (vii) whether the claimant requires an interpreter and, if so, the language of the interpreter;
- (b) the following information about the accident—
- (i) the date, time and place of the accident;
  - (ii) whether the claimant, or for a derivative claim, the injured person, was involved in the accident as a driver or a passenger, or in another stated capacity;
  - (iii) whether the claimant, or for a derivative claim, the injured person, was using a protective device at the time of the accident and, if so, the nature of the protective device;  
*Example of protective device—*  
a seatbelt or safety helmet
  - (iv) details of the claimant’s consumption of alcohol or drugs, or for a derivative claim, the injured person’s consumption of alcohol or drugs, within 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 within 12 hours immediately before the accident;
  - (v) details of how the accident happened;
  - (vi) a diagram showing, to the best of the claimant’s knowledge, the scene of the accident;

- (vii) a diagram showing, to the best of the claimant's knowledge, where the driver and each occupant of the vehicle was sitting in the vehicle at the time of the accident;
- (c) the following information about the cause of the accident—
  - (i) who, in the claimant's opinion, was responsible for causing the accident;
  - (ii) why the claimant attributes responsibility to that person;
- (d) the make, model, type, colour, year of manufacture, and registration number of each vehicle involved in the accident;
- (e) the names, addresses, telephone numbers and email addresses of the owner and driver of each vehicle involved in the accident;
- (f) whether, in relation to the vehicle the claimant or, for a derivative claim, the injured person was travelling in at the time of the accident, a property damage claim has been made under a comprehensive insurance policy or a third party property damage policy;
- (g) if a claim has been made under a policy mentioned in paragraph (f)—the insurer for the policy, the policy number and the number of any property damage claim made under the policy;
- (h) the names, addresses, telephone numbers and email addresses of the witnesses to the accident;
- (i) 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 police accident report reference number for the accident;
- (j) the claimant's occupation and income at the time of the accident;
- (k) all significant disabilities suffered by the claimant;

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- (l) whether the claimant is a participant in the injury insurance scheme in relation to an injury resulting from the motor vehicle accident the subject of the claim;
  - (m) whether an application has been made under the National Injury Act for approval for the claimant to participate in the injury insurance scheme in relation to an injury resulting from the motor vehicle accident the subject of the claim;
  - (n) all claims made by the claimant for damages, compensation or social security benefits for a significant disability;
  - (o) all amounts received by the claimant by way of damages, compensation or social security benefits for a significant disability;
  - (p) for a claim other than a derivative claim—
    - (i) the date the claimant was first physically examined by a doctor in relation to personal injury resulting from the accident; and
    - (ii) the date the claimant was first physically examined by the certifying doctor in relation to personal injury resulting from the accident; and
    - (iii) the unique identifier given to the certifying doctor under the Health Practitioner Regulation National Law, section 233;
  - (q) if the claimant consulted a lawyer about the possibility of making a claim—the date the claimant first consulted the lawyer;
  - (r) if the claimant has retained a law practice to act for the claimant in relation to the claim—
    - (i) the name of the law practice; and
    - (ii) the date the claimant retained the law practice.
- (2) Also, a notice of claim must include—

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- (a) a statement of the nature and extent of the claimant's loss, to the extent 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) For a notice of claim, a disability 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.
- (4) In this section—

*certifying doctor* means the doctor who signed the certificate mentioned in section 18(1)(a).

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

## 18 Certificates and identity documents to accompany notice of claim—Act, s 37(1)(e)

- (1) A notice of claim must—
- (a) if the claim is not a derivative claim—be accompanied by a certificate signed by a doctor stating—
    - (i) the doctor's name, address, email address, professional qualifications and medicare provider number; and
    - (ii) that the doctor physically examined the claimant; and
    - (iii) whether the claimant was, at the date of the accident, an existing patient of the doctor or of a medical practice in which the doctor practises or was practising; and

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- (iv) 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
    - (v) details of hospitalisation and medical treatment to the date of the certificate and medical treatment the doctor considers will be necessary in the future; and
  - (b) if the claim is a derivative claim made by or for 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.
- (2) Also, a notice of claim must be accompanied by a certificate signed by the claimant that states—
  - (a) whether the claimant is making the claim on the claimant's own initiative; and
  - (b) either—
    - (i) the claimant was not personally approached or contacted by a person and solicited or induced to make the claim; or
    - (ii) if the claimant was personally approached or contacted by a person and solicited or induced to make the claim—the name of the person and the circumstances in which the claimant was personally approached or contacted; and
  - (c) if the claimant has retained a law practice to act for the claimant in relation to the claim—whether the claimant knows if the law practice gave consideration to a person for the referral of the claimant to the law practice.
- (3) The certificate mentioned in subsection (2) must be in a form approved by the commission and verified by statutory declaration.
- (4) Further, if the claimant is at least 15 years, a notice of claim must be accompanied by—
  - (a) a certified copy of an identity document for the claimant that is current; or

(b) if the claimant does not hold an identity document—a recent certified photograph of the claimant.

(5) In this section—

*certified copy*, of an identity document, means a copy of the document certified by any of the following persons to be a true copy of the document—

- (a) a lawyer;
- (b) a notary public;
- (c) a commissioner for declarations;
- (d) a justice of the peace.

*consideration* means a fee or other benefit but does not include a gift, other than money, or hospitality if the gift or hospitality has a value of \$200 or less.

*identity document*, for a claimant, means a document issued by a government that is evidence of the claimant’s identity and contains a photograph of the claimant.

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

*recent certified photograph*, of a claimant, means a passport-size photograph of the claimant taken within the last 2 years and certified to be a photograph of the claimant by a person who has known the claimant for at least 1 year.

## 19 Insurer to be given access to particular records—Act, s 37(1)(b)

A notice of claim 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 laws about police, transport, taxation or social welfare;
- (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;
- (i) the office of the director of public prosecutions;
- (j) the legal services commission;
- (k) the workers' compensation regulator;
- (l) the insurance agency.

## **Division 2                    Other matters about claims**

### **20            Offer 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—
  - (a) is satisfied that settlement of the claim on the terms proposed would be in the claimant's best interests; and
  - (b) approves the terms of the offer or counteroffer.



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- (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) in relation to the claimant.
  - (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 another reason.

## **21 Verification and payment of expenses—Act, ss 42 and 51**

- (1) If a claimant asks an insurer for payment or reimbursement of private hospital, medical and pharmaceutical expenses under section 42 of the Act, or rehabilitation expenses under section 51 of the Act, the request must—
  - (a) be for a total amount of at least \$200; and
  - (b) 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 give the insurer a certificate from the doctor responsible for treating the personal injury relevant to the expenses certifying that the

expenses were reasonably incurred having regard to the nature and extent of the injury.

## **22 Insurer to give information to claimant**

- (1) If an insurer obtains information about a claimant under section 19, the insurer must give the information to the claimant within 1 month after obtaining it.
- (2) However, an insurer may withhold information from a claimant if the insurer has reasonable grounds to suspect the claimant of fraud.
- (3) 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.

## **Part 5 Licensed insurers**

### **23 Information and materials for application—Act, s 62(2)(b)**

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

- (a) a description of the applicant, the nature of its business and its experience in the business of general insurance in the State;
- (b) a copy of the Act, charter, deed of settlement, memorandum and articles of association or other document by which the applicant is established;
- (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;

- (d) particulars of the applicant's directors, or the members of its governing body;
- (e) particulars of the managers and staff who are to be involved in the applicant's CTP insurance business;
- (f) particulars of entities with which the applicant is associated in its insurance business;
- (g) if the applicant is subject to the Corporations Act—copies of the returns and accounts of the applicant for the last 3 years under that Act;
- (h) if the applicant is subject to the *Insurance Act 1973* (Cwlth)—copies of the applicant's returns for the last 3 years under that Act;
- (i) full particulars of reinsurance arrangements or proposed reinsurance arrangements for the applicant's CTP insurance business;
- (j) a business plan describing how the applicant's CTP insurance business is to be conducted, including details about marketing, claims handling, the provision of rehabilitation services, the keeping of records, systems management and control of costs.

## **24 Conditions of licence—Act, s 64**

For section 64(1) of the Act, the conditions of a licence are—

- (a) the licensed insurer must not start carrying on business under the licence until the first day of the quarter next following the grant of the licence; and
- (b) the licensed insurer must comply with standards made under section 10(1)(d) of the Act about the proper management of claims.

## **25 Accounts and returns—Act, s 70**

- (1) On filing or giving accounts, returns or other information under the Corporations Act 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 Australian Prudential Regulation Authority, 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 the commission asks a licensed insurer for an actuarial report on the insurer's financial position, the insurer must file the report with the commission within 3 months after receiving the request.
- (4) If a transaction happens that may affect control of a licensed insurer, the insurer must file full particulars of the transaction with the commission within 1 month after it happens.
- (5) If a change of the manager responsible for managing a licensed insurer's CTP business happens, the insurer must file full particulars of the change with the commission within 1 month after it happens.

## **26 Information to be provided by return—Act, s 88**

- (1) A licensed insurer must, within 7 days after the end of each reporting period, give the commission a return for the reporting period, in a form approved by the commission, stating—
  - (a) for each notice of claim received in 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 in the reporting period—the required further claim details; and
  - (c) for each notifiable step in the processing of a claim that takes place in the reporting period—

- (i) the nature of the step; and
  - (ii) the date the step was taken; and
  - (iii) other details of the step required by the commission in 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 the 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 conference is held;
  - (g) the claim is settled;
  - (h) a proceeding based on the claim is started in a court;
  - (i) a court makes a decision about liability or the amount of damages;
  - (j) the claim is finalised.
- (3) A licensed insurer must, within 15 days after the end of each reporting period, give the commission a return for the reporting period stating—
  - (a) 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 requires, by notice to the licensed insurers, to be separately itemised; and
- (b) the amount recovered under part 4, division 7 of the Act on each claim.
- (4) If a claim involves 2 or more licensed insurers and a claim manager is appointed, an insurer (other than the claim manager) that has notified the required claim details for the claim and notified the appointment of the claim manager need not 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—

***certifying doctor*** means the doctor who signed the certificate mentioned in section 18(1)(a).

***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.

***disputed notice of claim*** means a notice of claim for which the insurer states in the insurer's response to the notice of claim that the insurer—

- (a) is not satisfied the notice has been given as required under part 4, division 3 of the Act; and
- (b) does not waive compliance with the relevant requirements.

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*Note—*

See section 39(1)(a) of the Act.

***reporting period*** means—

- (a) if the commission has given written notice to all licensed insurers that the reporting period is to be reduced to a period shorter than a month as from a stated date that is at least 3 months after the date of the notice and the stated date has passed—the shorter period; or
- (b) otherwise—a month.

***required claim details***, for a claim, means each of 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 police accident report reference number;
- (g) for each claimant—
  - (i) the claimant's full name and residential address; and
  - (ii) the claimant's date of birth; and
  - (iii) the claimant's medicare number; and
  - (iv) if the notice of claim was accompanied by an identity document under section 18 that has a unique identifying number—the number.

***required further claim details***, for a claim, means each of the following details—

- (a) the compliance date for the notice of claim;
- (b) the make, model, type, year of manufacture, and registration number of each motor vehicle involved in the accident;

[s 26]

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- (c) the names and addresses of the owner and driver of each motor vehicle involved in the accident;
- (d) whether, in relation to the vehicle the claimant or, for a derivative claim, the injured person was travelling in at the time of the accident, a property damage claim has been made under a comprehensive insurance policy or a third party property damage policy;
- (e) if a claim has been made under a policy mentioned in paragraph (d)—the insurer for the policy, the policy number and the number of any property damage claim made under the policy;
- (f) the name and address of each witness to the accident known to the insurer;
- (g) the circumstances of the accident, including how the claimant came to be involved in the accident;
- (h) the nature of the personal injury to the claimant;
- (i) for a claim other than a derivative claim, the following details as shown in the notice of claim—
  - (i) the date the claimant was first physically examined by a doctor in relation to personal injury resulting from the accident;
  - (ii) the date the claimant was first physically examined by the certifying doctor in relation to personal injury resulting from the accident;
  - (iii) the unique identifier given to the certifying doctor under the Health Practitioner Regulation National Law, section 233;
- (j) for a claim other than a derivative claim, whether the claimant was, at the date of the accident, an existing patient of the doctor or of a medical practice in which the doctor practises or was practising, as shown in the certificate accompanying the notice of claim;
- (k) if the claimant consulted a lawyer about the possibility of making a claim—the date, as shown in the notice of claim, the claimant first consulted the lawyer;



- (l) if the claimant has retained a law practice to act for the claimant in relation to the claim, the following details as shown in the notice of claim—
- (i) the name of the law practice;
  - (ii) the date the claimant retained the law practice.

**resolved**, in relation to a disputed notice of claim, means—

- (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; or

*Note—*

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

- (c) the court authorises further proceedings based on the claim despite the noncompliance.

*Note—*

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

## Part 6 Miscellaneous

### 27 Prescribed limits for particular definitions—Act, s 4

- (1) This section prescribes the amount for the definitions *declared costs limit*, *lower offer limit* and *upper offer limit* in section 4 of the Act.
- (2) For an injury arising during a period stated in an item of the following table, the amounts stated in the item are prescribed.

Item	Period (dates inclusive)	Declared costs limit	Lower offer limit	Upper offer limit
1	2 December 2002 to 30 June 2010	\$2,500	\$30,000	\$50,000

[s 28]

Item	Period (dates inclusive)	Declared costs limit	Lower offer limit	Upper offer limit
2	1 July 2010 to 30 June 2011	\$2,950	\$35,340	\$58,900
3	1 July 2011 to 30 June 2012	\$3,040	\$36,400	\$60,670
4	1 July 2012 to 30 June 2013	\$3,210	\$38,390	\$63,990
5	1 July 2013 to 30 June 2014	\$3,380	\$40,460	\$67,450
6	1 July 2014 to 30 June 2015	\$3,510	\$41,990	\$70,010
7	1 July 2015 to 30 June 2017	\$3,600	\$43,020	\$71,730
8	1 July 2017 to 30 June 2018	\$3,690	\$44,070	\$73,490
9	1 July 2018 to 30 June 2019	\$3,800	\$45,430	\$75,750
10	1 July 2019 to 30 June 2020	\$3,910	\$46,800	\$78,040
11	1 July 2020 to 30 June 2021	\$4,000	\$47,850	\$79,790
12	1 July 2021 and after	\$4,020	\$48,030	\$80,090

## **28 Panels of recognised medical experts—Act, s 45A**

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

- (a) Australian Lawyers Alliance Limited ACN 086 880 499;
- (b) Insurance Council of Australia Limited ACN 005 617 318;
- (c) Queensland Law Society Incorporated ABN 33 423 389 441.

## **29 Costs if mandatory final offer accepted—Act, s 51C**

- (1) For section 51C(4) of the Act, if a mandatory final offer for more than the lower offer limit but not more than the upper offer limit is accepted, the claimant is entitled to payment of costs as follows—

- 
- (a) 100% of item 1 costs;
  - (b) 50% of item 5 costs;
  - (c) the claimant's costs of legal representation, if any, at the compulsory conference 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 the declared costs limit, the claimant's entitlement is limited to the declared costs limit.
- (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.

### **30 Allowances and expenses for attending examination—Act, s 87ZH(4)**

A person required to attend for examination under part 5B of the Act is entitled to allowances and expenses on the same basis as a witness in a proceeding before the District Court.

### **31 Disclosure of information—Act, s 92**

- (1) For section 92(2)(b) of the Act, the following are authorised to provide information to, and to receive information from, each other—
  - (a) licensed or other insurers providing CTP insurance in the State or elsewhere;
  - (b) the commission;

- (c) the Nominal Defendant;
  - (d) the insurance agency.
- (2) For section 92(2)(b) of the Act, 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—
- (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 laws about police, transport, taxation or social welfare;
  - (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;
  - (h) the office of the director of public prosecutions;
  - (i) the legal services commission;
  - (j) the workers' compensation regulator;
  - (k) the insurance agency.
- (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 about the prudential regulation of entities in the financial sector.

**32 Form and execution of industry deed**

- (1) The approved form of the industry deed is in schedule 4.
- (2) A party executes the industry deed by executing a counterpart of the deed provided by the commission.
- (3) The executed counterpart must be given to the commission.

**Part 7 Transitional provision**

**33 Industry deed**

To avoid any doubt, it is declared that the industry deed in force immediately before the commencement of the *Transport Operations (Road Use Management—Vehicle Registration) and Other Legislation Amendment Regulation 2019*, part 2 continues in force according to its terms.

## **Schedule 1      Motor vehicle classes**

section 4

<b>Vehicle class</b>	<b>Description of class</b>
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— (a) would otherwise fall into class 1, 2 or 6; and (b) are not in class 26
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 GVM of 4.5t or less
7	trucks, prime movers and vans with a GVM of more than 4.5t
8	buses that are— (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 purpose

<b>Vehicle class</b>	<b>Description of class</b>
9	<p>buses used substantially for transporting—</p> <p>(a) children, mature age students, teachers, other school employees and parents to or from school or school events; or</p> <p>(b) persons of any age to or from centres for therapy, rehabilitation, or remedial or other special education;</p> <p>(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)</p>
10A	<p>buses that are—</p> <p>(a) used within 350km of their principal base of operations; and</p> <p>(b) not in class 8, 9 or 10B</p>
10B	buses operating under an integrated mass transit service contract, other than buses used only for a school service
11	buses that are not in class 8, 9, 10A or 10B
12	motorcycles with 2 or 3 wheels, including motorcycles for hire, with seating only for the driver
13	<p>motorcycles with 2 or 3 wheels, including motorcycles for hire, with either or both of the following—</p> <p>(a) seating for a pillion passenger;</p> <p>(b) a sidecar</p>
14	tractors, with or without attachment, that are conditionally registered with unrestricted access registration

<b>Vehicle class</b>	<b>Description of class</b>
15	(a) self-propelled machinery, other than a vehicle of class 14, 19, 20 or 21; and (b) 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	[Class 18 has been abolished.]
19	motor vehicles that are conditionally registered with limited access registration
20	motor vehicles that are conditionally registered with zone access registration
21	self-propelled machinery, other than a vehicle of class 14, 15, 19 or 20, that is conditionally registered with unrestricted access registration
22	motor vehicles, other than trailers, for which unregistered vehicle permits have been or are to be issued
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 with a GVM of more than 4.5t for which a supplementary policy within the meaning of s 31(5) of the Act is sought
25	[Class 25 has been abolished.]
26	booked hire vehicles (cars, station wagons and utilities) and limousines (cars and station wagons) that are not also motor vehicles made available, at any time, for hire without a driver



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**Schedule 2      Additional amounts for  
insurer's premium**

## section 6

<b>Motor vehicle class</b>	<b>%</b>
1	7.4
2	7.4
3	8.2
4	7.9
5	4.6
6	7.5
7	8.0
8	7.7
9	7.7
10A	8.0
10B	8.2
11	8.0
12	5.6
13	7.2
14	5.0
15	7.1
16	7.7
17	7.0
19	5.0

Schedule 2

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<b>Motor vehicle class</b>	<b>%</b>
20	5.0
21	6.0
22	4.2
23	7.4
24	5.6
26	7.4

## Schedule 3 Levies

section 8(1)

<b>Class of CTP insurance</b>	<b>Statutory insurance scheme levy</b>	<b>Hospital and emergency services levy</b>	<b>Nominal Defendant levy</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
1	1.50	18.40	8.00
2	1.50	18.40	8.00
3	1.50	36.40	16.00
4	1.50	36.40	16.00
5	1.50	3.30	1.00
6	1.50	18.40	8.00
7	1.50	36.40	16.00
8	1.50	18.40	8.00
9	1.50	18.40	8.00
10A	1.50	36.40	16.00
10B	1.50	36.40	16.00
11	1.50	36.40	16.00
12	1.50	5.65	2.60
13	1.50	18.40	8.00
14	1.50	5.65	2.60
15	1.50	5.65	2.60
16	1.50	18.40	8.00
17	1.50	9.90	4.20

Schedule 3

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<b>Class of CTP insurance</b>	<b>Statutory insurance scheme levy</b>	<b>Hospital and emergency services levy</b>	<b>Nominal Defendant levy</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
19	1.50	3.30	1.00
20	1.50	3.30	1.00
21	1.50	3.30	1.00
22	1.50	3.30	1.00
23	1.50	18.40	8.00
24	1.50	5.65	2.60
26	1.50	36.40	16.00

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# Schedule 4      Motor Accident Insurance Act 1994 Industry Deed

section 32

## 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 particular aspects of their relationship; and
- (c) to regulate particular aspects of the insurance business conducted under the statutory insurance scheme; and
- (d) to deal with the obligation of transport administration to keep records and provide information.

## 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
  - (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 the *Motor Accident Insurance Regulation 2018*, schedule 1.

*contributing insurer* means a licensed insurer for whom another licensed insurer is acting as claim manager for a claim.

*contribution notice* see section 10(2).

*referee* means a person, or 1 of 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 as quickly as possible 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 claims with a staff who are competent and authorised to deal with claims on the insurer's behalf; and
  - (b) process all 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 and the date when the insurer received it; and
    - (ii) each waiver or order affecting a claim under section 39 of the Act, the terms 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 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.

#### **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 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
- (d) provide guidance to help insurers decide what rehabilitation services and costs of the services are reasonable and appropriate; and





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## **6 Cost sharing**

- (1) The basis on which claim costs are to be shared between licensed insurers that are liable, or potentially liable, on a 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.

- (3) The referee is taken to be an arbitrator appointed under the *Commercial Arbitration Act 2013*, 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 quickly 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 Resolution Institute Arbitration Rules 2016 apply to a proceeding before the referee under this deed.

## **9 Agreement for giving information about, and payment of, share of claim costs**

- (1) Licensed insurers may enter into an agreement about how a claim manager must give a contributing insurer information about claim costs and payment of the contributing insurer's share of the claim costs.
- (2) However, the information must be given to a contributing insurer at intervals of not more than 6 months.
- (3) Also, a contributing insurer must pay the full contribution payable by the insurer to the claim manager within 6 months after the claim is finalised.

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**10 If there is no dispute under s 5 and no agreement mentioned in s 9(1)**

- (1) This section applies if, for a claim—
  - (a) there is no dispute about which insurer is to be the claim manager or the basis on which claim costs are to be shared; and
  - (b) 1 of the insurers for the claim has not entered into an agreement mentioned in section 9(1).
- (2) The claim manager must, within 6 months after the claim manager receives the claim, and at intervals of not more than 6 months, give each contributing insurer a written notice (a *contribution notice*)—
  - (a) identifying the claim for which the claim manager is acting as claim manager for the contributing insurer; and
  - (b) stating the claim costs incurred in the period—
    - (i) for the first report—since receiving the claim; and
    - (ii) for another report—since the previous report was given; and
  - (c) stating the name of all the contributing insurers from whom a contribution is claimed; and
  - (d) stating the amount of the contribution and the amount, if any, the claim manager requires to be paid; and
  - (e) giving details and supporting information in a form required by the commission.
- (3) Each contributing insurer must, within 1 month after receiving the contribution notice, pay the claim manager the amount, if any, required to be paid.

**11 If there is a dispute under s 5 and no agreement mentioned in s 9(1)**

- (1) This section applies if, 6 months after an insurer receives a claim—

- (a) there is a dispute about which insurer is to be claim manager for the claim or the basis on which claim costs are to be shared; and
  - (b) 1 of the insurers for the claim has not entered into an agreement mentioned in section 9(1).
- (2) When the dispute is resolved, the claim manager must, within 1 month after the day it is resolved, and at intervals of not more than 6 months, give each contributing insurer a contribution notice.
- (3) Each contributing insurer must, within 1 month after receiving the contribution notice, pay the claim manager the amount, if any, required to be paid.

## **12 Accounts to be kept**

A licensed insurer must keep appropriate 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**

## **13 Exchange of information**

- (1) A licensed insurer must, if asked by another licensed insurer who has an interest in the information because of a claim against the other insurer, provide information in the insurer's possession relevant to—
- (a) a claim; and
  - (b) a claimant under a claim; and



**16 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 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 operators; and
  - (c) changes of registered operators of vehicles insured under CTP policies with the insurer and the names and addresses of the new registered operators; and
  - (d) class of motor vehicle 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) Transport administration must also give a licensed insurer for a registered motor vehicle, with a registration period of 1 month, access to the email address of the registered operator of the vehicle.
- (3) The information mentioned in subsection (1) must be provided within 7 days after the end of the week to which the information relates.

**17 Notice to accompany registration renewal notice**

- (1) Transport administration must send, with each notice for the renewal of registration of a motor vehicle, a list of licensed insurers in a form approved by the commission.
- (2) The list must also be displayed at transport administration's offices at which applications for registration and renewal of registration of a motor vehicle are accepted.

**Part 7 General****18 Late fees**

- (1) If an insurer does not 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 subsection (1).

**19 Exclusion of collateral agreement etc.**

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

Schedule 4

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Signed on behalf of *[insert name of the party]* on *[insert date of execution]*

by *[insert names, addresses and occupations of persons authorised to execute document on behalf of the party]*

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*[signature of person authorised to execute document]*

in the presence of *[insert name, address and occupation of witness]*

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*[signatures of witness]*



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## Schedule 5 Dictionary

### section 3

***additional information form*** see section 37A(3) of the Act.

***booked hire vehicle*** see the *Transport Operations (Passenger Transport) Act 1994*, schedule 3.

***bus*** means a motor vehicle principally built to carry more than 8 seated adults including the driver.

***claim manager*** see section 38(1) of the Act.

***conditionally registered*** means registered under the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, section 12(2).

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

*Examples—*

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

***direct debit arrangement***, for payment of amounts to transport administration, see the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, schedule 8.

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

***insurance renewal amount***, for a registration, means the amount of the registration-related amount paid to transport administration less the amounts payable to transport administration for registration fees and charges.

***integrated mass transit service contract*** see the *Transport Operations (Passenger Transport) Act 1994*, section 62AAC.

**legal services commission** means the Legal Services Commission continued under the *Legal Profession Act 2007*, section 591(1).

**limited access registration** see the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, schedule 8.

**limousine** see the *Transport Operations (Passenger Transport) Act 1994*, schedule 3.

**notice of claim** means a notice of a claim complying with section 37 of the Act.

**offer of settlement** see section 17(2)(b).

**office of the director of public prosecutions** means the Office of the Director of Public Prosecutions established under the *Director of Public Prosecutions Act 1984*, section 4A(2).

**police accident report reference number** means the identifying number allocated by the Queensland Police Service, or another police service, to a motor vehicle accident.

**primary production** means the production of raw material for clothing or food from—

- (a) agriculture; or
- (b) dairying; or
- (c) fishing; or
- (d) the raising of livestock; or
- (e) viticulture.

**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.

**registration-related amount** see the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, schedule 8.

**school service** see the *Transport Operations (Passenger Transport) Act 1994*, schedule 3.

**taxi** see the *Transport Operations (Passenger Transport) Act 1994*, schedule 3.

**unregistered vehicle permit** means a permit, issued under the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, section 60(3), allowing a vehicle to be used on a road while unregistered.

**unrestricted access registration** see the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, schedule 8.

**workers' compensation regulator** means the Workers' Compensation Regulator established under the *Workers' Compensation and Rehabilitation Act 2003*, section 326(1).

**zone access registration** see the *Transport Operations (Road Use Management—Vehicle Registration) Regulation 2010*, schedule 8.