

National Injury Insurance Scheme Queensland Application Form – Insurer

(National Injury Insurance Scheme (Queensland) Act 2016)



The National Injury Insurance Scheme, Queensland

The National Injury Insurance Scheme, Queensland (NIISQ) provides particular treatment, care and support for eligible persons who sustain a serious injury as defined in the *National Injury Insurance Scheme (Queensland) Act 2016* as a result of a motor accident in Queensland on or after 1 July 2016.

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

Who can complete this form?

This application is to be completed by a CTP insurer or the Nominal Defendant.

Where do I send the completed application form?

GPO Box 1391
Brisbane QLD 4001
applications@niis.qld.gov.au

If you have any questions please call the NIISQ Agency on 1300 607 566 or visit our website niis.qld.gov.au

1. Injured person

Title	Surname/family name	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of birth	Former names/if known by other names
<input type="text"/>	<input type="text"/> <small>DD/MM/YYYY</small>	<input type="text"/>
Home phone	Mobile phone	Email address
<input type="text"/> ()	<input type="text"/>	<input type="text"/>
Home address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from home address)		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Is an interpreter required		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶ Language (if applicable) <input type="text"/>

2. Insurer's details and claims officer contact

Title	Surname/family name	First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	Email address	
() <input type="text"/>	<input type="text"/>	
Insurer's address		
<input type="text"/>		
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim Number		
<input type="text"/>		

3. Accident details

Provide a copy of:

Claim Form
 Police Report
 NOA by owner

4. Medical information

Please indicate the nature of the NIISQ eligible injury:

Brain injury
 Spinal cord injury
 Amputation/s
 Brachial plexus
 Burns
 Blindness

Please provide evidence in the form of medical records or a completed medical certificate.

If you hold Queensland Ambulance Service records please provide a copy

If you hold hospital records please provide a copy or otherwise provide the details below

5. Insurer declaration

I declare that, to the best of my knowledge, the information given in this application form is true and correct in every respect.

Signature of Insurer

Date

DD/MM/YYYY

Name of the Insurer