

# Application Form - Insurer

(National Injury Insurance Scheme (Queensland) Act 2016)



## The National Injury Insurance Scheme, Queensland

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

Serious personal 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 caused by trauma.

### 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](mailto:applications@niis.qld.gov.au)

If you have any questions please call the NIISQ Agency on 1300 607 566 or visit [niis.qld.gov.au](http://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"/>

## 2. Cultural connection

Please help us ensure we are meeting the cultural needs of participants by answering the below.  
Does the injured person identify as:

Aboriginal     Torres Strait Islander     South Sea Islander     Prefer not to say

Is an interpreter required?

No     Yes    ▶ Language (if applicable)

Are there any other cultural considerations we should be aware of?

### 3. 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

Claim Number
<input type="text"/>

### 4. Accident details

Provide a copy of:

<input type="checkbox"/> Claim Form	<input type="checkbox"/> Police Report	<input type="checkbox"/> NOA by owner
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### 5. Medical information

Please indicate the nature of the NIISQ eligible injury:

<input type="checkbox"/> Brain injury	<input type="checkbox"/> Spinal cord injury	<input type="checkbox"/> Amputation/s	<input type="checkbox"/> Brachial plexus	<input type="checkbox"/> Burns	<input type="checkbox"/> Blindness
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**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

<input type="text"/>
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### 6. 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
<input type="text"/>	<input type="text"/>
	<small>DD/MM/YYYY</small>

Name of the Insurer
<input type="text"/>