

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

If you have any questions please call the NIISQ Agency on 1300 607 566 or visit 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 and a completed NIISQ medical certificate, attached hereto.

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"/>

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"/>

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

DD/MM/YYYY

Medical Certificate

This certificate is to be completed by an appropriately qualified medical specialist. If the injured person is under 3 years the certificate **must** be completed by a paediatric rehabilitation specialist or a paediatric neurologist.

FIM/WeeFIM scores utilised must have been completed by an assessor credentialed by the Australian Rehabilitation Outcomes Centre (AROC) **and** approved by the NIISQ Agency.

Injured person's information

Title Surname/family name First name(s)

Date of birth / / DD/MM/YYYY
 Date of accident / / DD/MM/YYYY

Does the injured person have impaired decision-making capability caused by the accident? Yes No

Was the injury described below caused by the motor accident? Yes No

Please complete all the applicable injury categories and relevant boxes

A. Brain Injury - A traumatic brain injury resulting in a permanent impairment of cognitive, physical or psychosocial function evidenced by:

1. Complete ALL of this section

FIM/WeeFIM Score on / / (not required for child under 3 years)
DD/MM/YYYY

There should be within the last 2 months, as a result of the brain injury, at least one motor or cognitive item assessed as 5 or less if over 8 years and 2 points or more below the age norm if aged 3-8 years.

2. Complete only the section that corresponds with the age of the injured person

Adult or child over 8 years old - You must complete at least one of the below

PTA lasting 7 days or more using approved Westmead PTA scale (please attach assessment scoring sheets)
 Number of days in PTA

The person was in a coma for 1 hour or more as a result of the injury (other than an induced coma)

Brain imaging shows a significant brain abnormality as a result of the injury (please attach a copy of the imaging report)

Detail why the abnormality is significant

A child 3-8 years – You must complete at least one of the below

- A Glasgow Coma score of less than 9 on resuscitation or admission to an accident or emergency department of a hospital
- Brain imaging shows a significant brain abnormality as a result of the injury (please attach a copy of the imaging report)

Detail why the abnormality is significant

For a child under 3 years

- They have a brain injury likely to cause significant adverse impact on the child’s normal development

B. Spinal Cord Injury – A permanent spinal cord injury resulting in a permanent neurological deficit evidenced by:

1. Complete both parts of this section if the injured person is an Adult or child over 8 years old

- Neurological level (SCI) ASIA impairment scale ISNCSCI (please supply ASIA score sheet)

Score	on	<div style="display: flex; justify-content: space-around; align-items: center;"> </div>
		DD/MM/YYYY

- Is there demonstrated autonomic dysfunction (as evidenced by a score of 0 for an item relating to bladder, bowel or sexual function under the ISAFSCI)?

Yes
 No

Please attach a copy of the ISAFSCI Score sheet

2. Complete this section only if the injured person is under 8 years old – tick all applicable below

- The injury has resulted in an ongoing bladder or bowel dysfunction
- The injury has resulted in a permanent neurological deficit.

C. Amputations

- Forequarter amputation or shoulder disarticulation amputation

Left
 Right

- Amputation of a leg through or above the femur with a loss of 65% or more of the length of the femur (please provide X-ray comparison pre and post femur amputation (imaging report) or assessment to compare to contralateral femur).

Left
 Right

- Amputation of more than one limb, or parts of different limbs (amputation involving the loss of 50% or more of the length of the tibia (lower limb) (Please provide X-ray comparison of tibia pre and post amputation or if Xrays are not available comparison to contralateral tibia; or if length of contralateral tibia is not available estimated knee height).

Left
 Right

- Amputation of the upper limb at or above the first metacarpophalangeal joint of the thumb and index finger of the same hand

Left
 Right

D. Permanent Brachial Plexus Injury

- A permanent injury to the brachial plexus resulting in an impairment equivalent to a shoulder disarticulation amputation

Left
 Right

E. Burns

1. Complete ALL of this section

FIM/WeeFIM Score on (not required for child under 3 years)
DD/MM/YYYY

There should be within the last 2 months, as a result of the burns injury, at least one motor or cognitive item assessed as 5 or less if over 8 years and 2 points or more below the age norm if aged 3-8 years.

Tick all that are relevant

- Inhalation burns resulting in permanent respiratory impairment.
- Full thickness burns to
 - more than 30% of the total body surface area (less than 16 years)
 - more than 40% of the total body surface area (over 16 years)
 - both hands
 - face
 - genital area

2. Complete this section only if the injured person is a child under 3 years

- They are, as a result of the burns injury, likely to suffer permanent impairment requiring attendant care and support services.

F. Permanent Blindness Caused by Trauma

A visual defect or a combination of visual defects that result in visual loss that is or is equivalent to:

- Visual acuity of less than 6/60 in both eyes, assessed using the Snellen Scale after correction by suitable lenses
- The constriction of the person's field of vision to 10 degrees or less of the arc around central fixation in the person's better eye, regardless of corrected visual acuity (equivalent to 1/100 white test object)

Medical practitioner's information

Medical practitioner's name <input style="width: 95%;" type="text"/>	Professional qualification <input style="width: 95%;" type="text"/>	
Telephone number <input style="width: 95%;" type="text" value="()"/>	Hospital/facility/practice name <input style="width: 95%;" type="text"/>	
Email address <input style="width: 95%;" type="text"/>		
Hospital/facility/practice address <input style="width: 95%;" type="text"/>		
Suburb/town <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Postcode <input style="width: 95%;" type="text"/>

I declare that I am a medical specialist experienced in the injury type described above.

I confirm that:

- I have examined the injured person;
- I have obtained and considered their medical history when carrying out the above assessment; and
- It is my medical opinion that the above injuries including the score given (where applicable) were caused by the motor accident.

Signature

Date

/ /

DD/MM/YYYY

Comments:

Have you attached:

- Score sheets (FIM/WeeFIM, ASIC ISNCSCI, ISAFSCI, PTA)
- Imaging
- X-ray comparison (Required for Amputations only)
- Imaging reports
- Medical reports
- Medical records