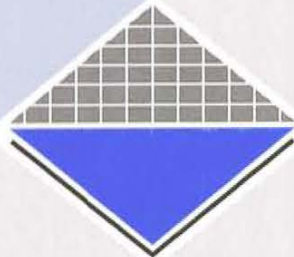


Road Injury Information Program
Report Series, Number 1

**Traffic
Accident
Insurance
Data**

by
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Abstract:

This report documents the data collected by insurance companies (motor vehicle and third party) in Australia. Analysis of the data revealed that there is a wealth of information collected which could be used for the surveillance and prevention of road crashes and injury. However, due to a lack of a common data standard the data is of limited use at present. Recommendations are made to improve the utility of the data through :

1. collection of injury data in a format that is compatible with the 9th. revision of the International Classification of Diseases-Clinical Modification (ie. ICD9-CM) and coding of injury severity (ISS) using MacKenzie's (1989) mapping software.
 2. collection of information on the number and seating position of all vehicle occupants whether injured or not, including the seating position of the claimant.
 3. Adoption of the ARRB Model Guidelines for coding of accident type.
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Notes:

1. This report is disseminated in the interest of information exchange and to inform discussion about data collected by insurance companies which may be of benefit for the surveillance and prevention of road injury.
2. The views expressed are those of the author and do not necessarily represent those of the National Injury Surveillance Unit or the Australian Institute of Health & Welfare.
3. The Australian Road Research Board and its employees or agents do not accept any contractual, tortious or other form of liability for the contents of this report or for any consequences arising from its use. People using the information should apply, and rely upon, their own skill and judgement to a particular issue which they are considering.

CONTENTS

	Page
I. INTRODUCTION	1
II. BACKGROUND	1
III. METHODOLOGY	2
IV. RESULTS	2
1. Motor vehicle insurance	2
1.1. Questions	2
1.2. Computer records	3
2. Third Party insurance	3
2.1. Questions	3
2.2. Computer records	4
2.3. Quality of responses	4
2.3.1 NRMA (New South Wales)	4
2.3.1.1 Injury claim form	5
2.3.1.2 Accident-types	8
2.3.1.3 Injury codes	8
2.3.2 TAC (Victoria)	9
2.3.2.1 Injury claim forms	9
2.3.2.2 Accident-types	11
2.3.2.3 Injury codes	12
V. DISCUSSION	12
1. Data Utility	12
2. Common Data definitions/items	14
VI. REFERENCES	16
APPENDIX	18

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Traffic Accident Insurance Data

I. Introduction

This project was carried out under contract for the Road Injury Information Program of the National Injury Surveillance Unit (NISU), Mark Oliphant Building, Laffer Drive, Bedford Park, South Australia. The requirements for the project are outlined in the reports by O'Connor (1992a, 1992b).

The objectives were to investigate -

1. the information collected by third party personal injury insurers in Australia;
2. the information collected by some motor vehicle insurance companies in Australia; and
3. to explore the opportunities for improving the utility of the information for road safety purposes.

The emphasis being on the third party insurers.

II. Background

Insurance companies collect much information concerning the persons injured and vehicles damaged in road (and non-road) accidents.

While some documentation exists describing the provisions and nature of third party injury insurance and motor vehicle insurance (AAA 1992) there appears to be nothing documenting the type of information sought by the companies from claimants.

The information collected by insurance companies provides an reservoir of which little use has been made to date. One recent investigation (Andreassen 1992) of vehicle repair costs required considerable resources to examine individual claims as the classification and filing of information in company computers was not to any common set of procedures and/or definitions.

In some States the third party injury reports might provide valuable cross checking of the number of casualties against those reported to the police. Information might also be available on the pay-outs to victims and it might be possible to relate accident-type to injury type particularly for those injuries involving long term care.

Motor vehicle insurers collect data items that in many instances are the same as those on police accident report forms. The sketch and narrative are generally adequate to classify the accident into an "accident-type". Claimants are usually asked if the accident was reported to the police and if there was any one injured. While the accuracy of the individual answers is not known, the aggregated responses would provide macro estimates of the proportion of claims (accidents) that involved injury and the proportion reported to the police.

For both the third party and motor vehicle insurers, the use of some data set in common and common definitions would increase the utility of the data markedly. While there have been suggestions for a linkage between the police accident reports and other data sources, there are manifold problems to overcome and such a link could be a long way off. However in the meantime the adoption and use of common definitions and procedures within both the police accident report systems and the insurers report systems would give information from these sources that would be in a "common language".

III. Methodology

Copies of the claim forms used by seventeen motor vehicle insurance companies were obtained. Included in the seventeen companies are those that are the major insurers for Australia as regards the percentage of the whole business that they handle. These are the Automobile Clubs, the State insurance offices, AAMI, and the FAI group. The remainder of the sample was drawn from companies present in Victoria some of whom operate in a number of States.

Copies of the claim forms used for injury compensation in NSW, Vic, Qld, SA, WA, Tas, and the NT were obtained.

Tables comparing the questions asked were compiled separately for the vehicle insurers and the third party (T.P.) insurers. For the T.P. insurers there was an additional form for the reporting the accident by the driver as opposed to a claim for compensation being made.

Although many questions are asked on the respective forms, only a proportion of them are stored on computer. For the T.P. insurers, all of the States were asked what information from the form finished up on the computer. This project was extended to ascertain what other information went into the computer record from sources other than the claim form. For the motor vehicle insurers only three companies were asked this question (i.e. what information from the form went onto the computer).

In order to assess the quality of some of the responses to the questions of the T.P. claims, a sample of claim forms in NSW and Vic were examined.

Finally the attitude towards the adoption of common minimum data sets, definitions and procedures was sought from the larger T.P. insurers and some of the larger motor vehicle insurers.

IV. Results

1. Motor Vehicle Insurance

1.1 Questions:

The comparison of the questions on seventeen motor vehicle insurance claim forms is provided in Table 1 in the Appendix.

From the nine pages involved in Table 1, it can be surmised that the range of the questions over all of the insurers surveyed is considerable.

The comment has to be made that the relevance or likely use of some of the questions is not at all obvious. Some of the companies could usefully reduce the number of questions.

All the forms do require a sketch to be drawn and a description to be provided as to how the accident occurred. This offers the possibility for an accident-type classification system to be introduced.

1.2 Computer records:

Three motor vehicle insurers were asked what items from the claim form were recorded on their computer file. Two of the companies derive a specific accident category and assign a code, the third enters a summarised version of the accident description. The introduction of a common system of classifying the accident-types would improve the utility of the information. For many companies it would only be the replacing of an existing system with a common system.

As the accidents relate to insured vehicles, information relating to the policy holder and the vehicle are already in the company's computer. The data about the vehicle is in greater detail than is likely to exist in any State registration records. It should be added that a common system of describing/classifying the vehicle body types is needed.

The money spent on vehicle repairs, etc will be on a company's computer but will not have come from the claim form per se.

The questions asked on the form and those of them that are stored on the computer are shown in Table 2 in the Appendix. This is only for three of the vehicle insurers viz AAMI, SIO and NRMA.

2. Third Party Insurance

2.1 Questions:

A driver involved in an injury accident is meant to report that accident to his T.P. insurer. There is a 'notice of accident' or reporting form for that purpose. A separate form is used when submitting a claim for costs or compensation for any injuries sustained by an individual.

Table 3 in the Appendix shows the comparison and range of questions asked by the T.P. insurers in each State on the accident report. All States require a sketch and a description of how the accident happened.

Table 4 in the Appendix lists the questions asked by each State in relation to the injury claim. In Queensland there is no form used and the claimant has to send a Letter of Demand. Of the six States with forms, four ask for a sketch and six, a description of how the accident happened. Four States also ask for seating position within a vehicle.

There is a potential to classify and record an accident-type using common procedures. Some insurers already have a classification system, e.g. Vic, SA and NT.

2.2 Computer records:

Table 5 in the Appendix shows the questions asked on the Injury Claim form and those of them that are stored on computer. No response to our letters was received from MAIB, Tasmania so their column is blank.

In NSW, the information is entered onto computer by the individual T.P. insurers and supplied to the Motor Accidents Authority.

The questions on the injury claim form are, in most States, not the only source of information used in assessing/processing the claim. Some States are interrogating driver licence and vehicle registration records to verify details. Police reports of the accidents are also routinely used in most States either by way of hard copies of the reports or by access to the police computer database. Table 6.1 in the Appendix lists the information obtained about the use of Police reports of accident, while Table 6.2 lists what information received from other sources is added to the computer files in various States.

Some items of data are classified according to rules and entered as codes. These include accident-types as mentioned earlier, injury descriptions, seating position and occupation. At a different level there is also a need to clarify terms and meanings such as "admission to hospital", "treatment at hospital", "treatment at Emergency", "attend hospital", "admission to Casualty".

Injury codes - From the information supplied to us, it appears that there is no common system of injury classification. Victoria is using part of "ICD9-CM", South Australia is using a three-character code (see Table 6.3 in the Appendix), Northern Territory is using a three-digit code (see Table 6.3), and New South Wales insurers are using "AIS-85". In three of these States the injury codes are being assigned at the single insurer's office, while in New South Wales the codes are assigned in the twelve or so insurer's offices. What degree of consistency exists in any of the systems was not ascertained.

2.3 Quality of Responses:

Samples of claim forms were examined at two of the T.P. insurers to assess the quality of the answers that claimants made.

2.3.1 NSW (NRMA)

The CTP Department of NRMA Insurance Ltd kindly granted access to a sample of their accident/claim files and their assistance is gratefully acknowledged. A common claim form is used by all T.P. Insurers in NSW. The form is supplied by the Motor Accidents Authority and the dozen or so insurers add their own identification. There was no reason to believe that the quality of responses to the questions on the form would be any different on claims made to the different insurers.

2.3.1.1 Injury Claim Form

To assess the "quality" of response by the claimants to the questions on the Claim Form, fifteen of the questions were examined in a sample of claims.

The forms were filed by accident and there were sometimes more than one claimant related to an accident.

A total of 138 accidents involving 164 claimants were seen.

The results have been analysed by "accident" and by "claimant" according to the nature of the question. If several claimants were from the same vehicle their descriptions of location, description of accident, sketch, vehicle detail, and vehicle damage were found to be the same. In these cases the responses of the first claimant were used to generate the "accident" results.

1. Location

When at intersections the description, giving both street names, was adequate in 73 per cent of the 70 accidents. When on links, the question does not require enough information for proper locating and seldom (7.5 per cent) was adequate information given for the 66 link accidents. Two accidents were non-road locations. A change in form question detail would improve this.

2. Occupation

About 4 per cent of the claimants were unsure of the term and gave their state of employment and not their occupation. A further 7 per cent gave no response.

3. Alcohol

About 4 per cent of the driver/rider-claimants gave positive responses. A similar number did not respond to the question.

Positive responses were much higher among the passenger-claimants at 13 per cent.

Pedestrian-claimants admitted consumption at about 7 per cent.

A lack of clarity of the questions was evident through the number of inappropriate responses. Driver-claimants responded by filling in the answer for the passenger, or both the driver and passenger answers, or neither 23 per cent of the time. Passenger-claimants, who should have answered both, failed to do so 22 per cent of the time. Pedestrian-claimants gave inappropriate responses 27 per cent.

4. Description of Accident

For 81 per cent of the accidents the written description was adequate for an understanding of the movements of the participants.

5. Sketch

The sketches were sufficient to enable an accident-type code to be determined in 81 per cent of the accidents. There were cases where prior or subsequent events were covered in the 'description' but not shown on the sketch. This could be improved on by giving some other instructions on what to put in the sketch.

6. Vehicle Make and Model

Often claimants were not clear as to what the "make" and what was the "model". For example 'Ford Falcon' was given as the make and 'XB' as the model, or 'Ford Falcon' as make and 'S pack' as the model. Only the cases where nothing was given were counted as no response.

(a) *One-vehicle accidents* - A response was given in 65 per cent of the cases.

(b) *Multi-vehicle accidents* - A response was given for vehicle 1 for 98 per cent of the cases and for vehicle 2 for 87 per cent.

The claim form does not specify that vehicle 1 should be the claimant's vehicle and consequently for about 13 per cent of the cases vehicle 2 was the claimant's vehicle. As the detail for vehicles 1 and 2 are entered into the computer records, consistency in this area should be sought.

7. Number of Occupants

This information was given for vehicle 1 in 86 per cent of the accidents and for vehicle 2 in 67 per cent. It must be difficult to know the number of occupants in someone else's vehicle with any accuracy.

8. Vehicle Damage Description

Responses were given for vehicle 1 in 80 per cent of the accidents and for vehicle 2, 71 per cent. Responses ranged across "Don't know", "written off", "extensive rear", "left hand door, front bumper, rear quarter,". There is no indication of the type of response wanted.

9. Injury Details

Responses were missing for three of the 164 claim forms. The responses were not medical descriptions and often the list of symptoms were a repeat of the list of injuries. The type of description wanted was given by the example "fractured left femur". Responses were more "broken left collar bone, cracked sixth right rib, back injuries, cuts to legs, etc."

The nature of the list of "current symptoms" probably related to the time elapsed since the accident and the filing of the claim. If a day after admission to hospital the current symptoms and the injuries tended to have the same description. This is also too soon to know about any "restrictions".

Information on injuries/conditions are supplied on a Medical Certificate which accompanies the Claim Form and it is often supplemented by a detailed medical report.

10. Ambulance Transport

Claimants travelled by ambulance in 62 per cent of the cases.

11. Attend Hospital

If claimants attend a hospital, they are supposed to also give the name of the hospital/s and the dates of attendance/admission.

Of 164 claimants, 124 gave a "Yes" response to attended hospital but 128 gave the names of the hospitals i.e. they didn't bother to tick "Yes". Of the 128, only 76 per cent gave the dates.

The wording of the last part of the question introduces "admission" and caused some confusion with the next question.

12. Admitted to Hospital

Unlike the preceding question which says "if 'Yes' give the names etc," the second part of this question is not given as conditional on admission. Some claimants who "attended" a hospital (Q11) listed the names of doctors in this section. Some who neither attended nor were admitted gave doctor's names in this section.

A few claimants did not know the difference between "attend" and "admitted" and ticked "Yes" for admission when they attended the Casualty Department.

Of the 164 claimants 47 per cent gave a "Yes" response to admitted to hospital.

13. Names, Addresses of Doctors

See comments in Q12 above. What is intended to be the response is uncertain. If it is meant to relate to those admitted to Hospital then the question needs the qualifier, "if admitted to hospital".

14. Undertaking Rehabilitation

Here again not all those who were getting rehabilitation answered "Yes" to this question but did provide details. Taking all those that gave details as an indicator of the number who had undertaken rehabilitation then 55 per cent of the claimants had rehabilitation. Most of the "details" given were to list "physiotherapist".

15. Pedestrian/Driver/Rider/Passenger/Pillion Passenger, etc.

Of the 164 claimants, 62 were drivers, 11 were riders (3 bicycle, 8 motorcycle), 76 passengers including (1 pillion passenger) and 15 were pedestrian (including a child on a tricycle).

The details of the responses are shown in Table 8 in the Appendix.

2.3.1.2 Accident-types

The description and narratives were used to determine accident-types in accordance with ARRB Manual ATM 29 (Andreassen 1991). Of the 138 accidents the accident-type groups with the greatest frequencies were -

Code	Description	Number
001-003	pedestrian, crossing carriageway	12
101-109	intersection, adjacent approaches	28
201	head-on	12
202	opposing vehicles, turning	11
301-304	rear end	35
601	hit parked vehicle	4
703, 704	off carriageway, on straight, hit object	4
803, 804	off carriageway, on curve, hit object	9
901	fell in/from vehicle	3
non road		2

2.3.1.3 Injury Codes

An A.I.S. (Abbreviated Injury Scale) code is determined by office staff and added to the computer file. The AIS-85 version of the codes is used. (Note - There is a 1990 revision of the AIS Coding System).

2.3.2 Victoria (TAC)

The assistance of the Transport Accident Commission (TAC) is also gratefully acknowledged for granting access to a sample of their claim forms. The questions on the injury claim forms are not the same in each State, so different questions were analysed for Victoria.

The forms were seen as they were received in the mail at TAC over a period of three days. The claim forms varied in relation to the date of the accident from the many that had recently occurred to a few that were about a year old.

TAC, at present, is the only T.P. insurer in Victoria and there is the one claim form. However, there are at least two printed versions (i.e. date of printing) in use with a difference in the seating position diagram. The latest version has the 'wrong' diagram and leads to a degree of poor response due to this aspect alone.

2.3.2.1 Injury Claim Forms

To assess the quality of response, eighteen specific questions were examined. A total of 247 claim forms were seen relating to 247 individual claimants. These were subsequently grouped by us into 220 accidents by inspection. The claimants are filed separately in the TAC computer and not in an "accident folder" as was the case with NRMA. Of the 247 claimants, 101 were associated with 93 one-vehicle accidents, 125 were associated with 106 multi-vehicle accidents, and for the remaining 21 it was not possible from the information on the form to determine how many vehicles were involved in their respective accidents. The accidents generated from one to four claimants per accidents for both the one and multi-vehicle accidents. Surprisingly for the 106 multi-vehicle accidents there was only one case where claims were received from both of the two vehicles involved. This may be related to the sample examined and might be different for another sample but was not expected.

The same comments about analysis by "accident" and by "claimant" in relation to double counting of some of the data items apply here also.

1. Date of birth

Only gross mistakes were detectable and these usually consisted of repeating the date of the accident or the year of the accident instead of the date or year of birth. All claims had an entry.

2. Treatment date

For this item 25 of the 247 claims had blanks.

3. Injury details

The greatest majority of the claimants described their injuries in lay terms (83 per cent).

4. Occupation

About 7 per cent of the claimants listed their occupation as Unemployed. A further 12 per cent gave no response. "Student" was an answer in 12 per cent and was the largest single occupation.

5. Self employed/employee

About 60 per cent of the claimants ignored this question.

6. Did accident occur during employment?

About 10 per cent did not answer this, while 8 per cent said 'Yes'.

7. Did accident occur to/from employment?

About 10 per cent did not answer this, while 19 per cent said 'Yes'.

8. Loss of earnings (only if claimed)

About 75 per cent of the claimants did not respond and 15 per cent made a partial response.

9. i Accident details - date

Blanks and incomplete dates were found on 2 per cent of the claims.

ii Accident details - day

Blank entries were found on 1 per cent of the claims.

iii Accident details - time

Blank and incomplete entries were found in 12 per cent of the claims.

10. Location

For the 196 one and two vehicle accidents, when at intersections the description was adequate for 64 of 76 accidents (84 per cent). When on links, the question does not ask enough detail for proper location and was adequate in 39 of 120 accidents (33 per cent). A further three one-vehicle accidents were non-road accidents. For the 21 accidents where the number of vehicles involved was indeterminant, the 11 link accidents had inadequate descriptions, the five intersection accident were adequate and the remaining five had no information, referring the reader to the "Police report".

Post code - this was given on 54 per cent of the claims.

11. Sketch

The sketches were good enough to enable an accident-type code to be determined in 73 per cent of the 196 accidents. The sketches were generally better for the two-vehicle accidents. In 8.7 per cent there was no sketch.

12. Description of accident

In 82 per cent of the 196 accidents the written description was adequate for an understanding of the movement of the participants.

13. Road user type

The biggest group of claimants were drivers (46 per cent), riders were 11 per cent (8% motorcycle, 3% bicycle), passengers were 23 per cent (three has been listed as pillion passengers when they were car passengers), pedestrians were 6 per cent.

Blank entries were found on 11 per cent of the claims.

14. Seating position in vehicle

Some 29 per cent of the claims were blank (25%) or incorrectly marked on the diagram. Pedestrians and bicyclists were 8.5 per cent of the total claimants and when they are removed the percentage blank or incorrect increased to 32 per cent.

15. Type of vehicle

This was an open question without an indication of the kind of answer wanted. Car/truck/bus was the kind of reply in 43 per cent of the accidents. The make (e.g. Holden, Datsun) was given in 30 per cent. There was no response in 22 per cent.

16. Other vehicle

For the 106 multiple vehicle accidents, information was sought on the other vehicle/s. This was present on 53 per cent of the cases.

The details of the analysis are shown in Table 8 (a), (b), (c) and (d) in the Appendix.

After the data is entered into the computer at TAC information from other sources such as the Police Report Form are used to confirm or supplement/replace the data from the claim form. A Road user movement (RUM) code is determined at TAC based on the codes used many years ago by the Road Safety and Traffic Authority of Victoria (RoSTA). A list of the items kept on the computer from various sources is shown in Table 9 in the Appendix.

2.3.2.2 Accident-types

The sketches and descriptions on the claim forms were used to determine accident-types in accordance with the ARRB Manual ATM 29 (Andreassen 1991). Of the 196 one and two vehicle accidents the accident-type groups with the greatest frequencies were -

Code	Description	Number
001-003	pedestrian, crossing carriageway	11
101-109	intersection, from adjacent approaches	32
201	head on	8
202	opposing vehicles, turning	14
301-304	rear end	42
305-307	parallel lanes, lane change	3
609	hit animal	3
701, 702	off carriageway, on straight	4
703, 704	off carriageway, on straight, hit object	10
705	out of control, on straight	7
801, 802	off carriageway, on curve	5
803, 804	off carriageway, on curve, hit object	11
805	out of control on curve	4
901	fell in/from vehicle	4
907	vehicle movements not known	14
non-road		7

2.3.2.3 Injury Codes

For the injuries an ICD code is determined from the medical description of the injuries. A sort of ICD9-CM is used with only 4 digits because of space on the record.

V. Discussion

1. Data Utility

The value of the various data items collected is no doubt a function of the view of different end users or potential users. From third party injury data it would be obvious to say that information about the injuries sustained by various road users and the cost of their treatment/compensation, ought to be the first priority. There is, at present, no common system of injury description in place amongst third party insurers in Australia. It is probably true that no two States have the same system. The AIS as used in New South Wales and the ICD as used in Victoria both have their limitations according to the users of the systems. There is a need to adopt an injury description system for common use throughout Australia.

Recommendation 1

Third party insurers collect injury data in a format that is compatible with the most widely used injury classification system (i.e. the 9th revision of the ICD viz ICD9-CM). The ICD9-CM five digit injury codes can be readily used to calculate injury severity scores using mapping software developed by MacKenzie et al (1989) as has recently been carried out by O'Connor (1993).

Seating position within a vehicle is collected by four States (Vic, SA, Tas, NT) on the injury claim and a fifth (WA) collects front seat/rear seat on the accident notice form. Thus seating position could and should be readily collected in all States.

Recommendation 2

Third party injury and motor vehicle insurers collect information on the number and seating positions of all vehicle occupants, including the seating position of the claimant.

Accident-type is specifically coded in three States (Vic, SA, NT). The "circumstances of the accident", i.e. the narrative is stored on the computer in WA. Accident-type coding is used by the Road Traffic Authorities in NSW, Vic, NT, Qld and likely to be introduced in Tas, WA and the ACT. It would be of great utility to compare the data from the Police Report systems with that from the T.P. injury systems via a common accident-type system. There is a candidate available for a common system and that is the ARRB Model Guidelines (Andreassen 1991). This system has been in use in Qld for two years. RTA are going to use it for NSW next year (1994). The system in use in Vic requires minimal change to adopt it, and the next database system restructure will probably see its introduction. The system is also being considered presently by Tas and ACT.

For the T.P. information and the Police report/Road Traffic Authority information within each State to have the same accident-type descriptions (which will also be the same Australia wide) will provide data resources that have not been available before. For example, the type of injuries received by passengers in various seating positions in specific accident-types can be used to gauge the on-going effectiveness of seat belt wearing, and the need to provide better protection. The type of protection would relate to the type of injuries being sustained in the different seating positions. Analysis by age of vehicle and a survey of the condition of seat belts by age of vehicle, could lead to the need for periodic replacement of seat belts to ensure their maximum efficiency.

As it has been demonstrated that the casualty outcome of a specific accident-type is statistically consistent across time (Andreassen 1986), it might be hypothesised that the type of injury as well as the degree of injury related to particular seating positions will also demonstrate a consistency across time. This could be used to generate an expected injury type (by seating position) for various accident-types and when claims are received that fall outside the normal range they would warrant investigation by the T.P. insurer. Those that "fit" the pattern should not need investigation.

Recommendation 3

Third party injury and motor vehicle insurers adopt the ARRB Model Guidelines (Andreassen 1991) for coding of accident-types.

The medical and hospital costs associated with a particular claim are not collected by the T.P. insurers in all States. If the days in hospital and days off work were compared for the Insurers that do collect it, some conclusions might be arrived at about the similarities and differences between States. It would be desirable that all States collected this information so that nation wide comparisons could be made. Also analyses could be undertaken of costs and hospital bed days by accident-type, seating position and other variables. This would lead to informed judgements about the selection and effectiveness of injury reduction measures.

Recommendation 4

States collect information on all hospital bed days, days off work for all individual claimants.

2. Common Data definitions/items

Many of the people contacted have expressed an interest in adopting common data definition/items as part of their information systems.

Recommendation 5

Third party insurers incorporate the following data items into their databases as a common minimum data set:

- (1) Road user type (full list and definitions needed)
- (2) Vehicle type (full list and definitions needed)
- (3) Injury description (system suggested ICD9-CM)
- (4) Level of any resulting disability (standard measure needed)
- (5) Casualty class per ACRUPTC (1978) (i.e. killed; injured, admitted to hospital; injured, received treatment by medical practitioner; injured, not requiring medical treatment, and not injured *)
- (6) Number of persons and seating position of all occupants, including claimant in the vehicle that the claimant was in. (Use of a standard diagram).
- (7) For claimant
 - i Age (individual years) and sex of claimant
 - ii Number of days in hospital, if applicable
 - iii Number of days off work, if applicable
 - iv Occupation of claimant (coded according to ABS, 1986)
 - v Any resulting disability
- (8) Sketch and narrative of how accident happened

- (9) Accident-type derived from sketch and narrative of claimant (ARRB Manual ATM 29)
- (10) Vehicle-type, that claimant was in (if applicable)
- (11) Vehicle-type that hit claimant, if claimant was pedestrian or bicyclist
- (12) If two motor vehicles involved what was vehicle-type of vehicle that collided with claimant's vehicle
- (13) General location of accident (urban/rural; intersection/link/non road)

* There could be some value in dividing class 3 into (a) treated at a hospital and (b) treated by a G.P.

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APPENDIX LIST

		Page
Table 1	Questions on Motor Vehicles Insurance Claim Forms	18
Table 2	Vehicle Insurance Claim data entered in Computer	28
Table 3	Accident reports for injury accidents	37
Table 4	Compensation claim forms	48
Table 5	Injury claim data entered in computer	53
Table	6.1 Use of police reports	58
	6.2 Information from other sources	58
	6.3 Injury codes	61
Table 7	Quality of responses (NSW claims)	64
Table 8	Quality of responses (VIC claims)	68
	(a) One-vehicle accidents	68
	(b) Indeterminant number vehicles	68
	(c) Two-vehicle accidents	73
	(d) Summary	78
Table 9	TAC Record layout	81

TABLE 1

**QUESTIONS ON MOTOR VEHICLES
INSURANCE CLAIM FORMS**

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
THE POLICY HOLDER																	
State	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.
Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ACN (If Company)	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Address	X	X	X	.	X	X	X	X	X	X	X	X	X	X	X	X	X
Business Address	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
Date of Birth	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
Driving Licence	.	X	.	.	.	.	.	.	.	.	.	.	X	.	.	X	.
Telephone	X	X	X	.	X	X	X	X	X	X	X	X	X	X	X	X	X
Occupation	X	X	X	.	.	X	X	X	X	X	X	X	X	.	X	X	X
Division	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Policy number	X	X	X	.	X	X	X	X	X	X	X	X	X	X	X	.	X
Policy Expiry Date	X	.	X	.	.	X	X	X	.	X	X	.	X	X	X	.	X
Amount Insured	.	X	.	.	.	.	.	X	.	.	.	.	.	.	X	.	X
Date due	.	X	.	.	.	.	.	.	.	.	.	.	.	.	X	X	X
Excess	.	X	.	.	.	.	.	X	.	.	.	.	.	.	.	.	X
Endorsements	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	X
Inits & Date	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.
Agent	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
If Policy No. not known:-																	
Date of Purchase	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Name & Add. of Dealer	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Policy Holder Offences	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.	.

APPENDIX
TABLE 1

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
THE VEHICLE																	
Vehicle Type(Car/Truck etc)	.	.	.	.	.	.	.	X	X	.	.	.	.	.	.	.	.
Year of Manuf.	x	x	x	.	x	x	x	x	.	.	x	x	x	x	x	x	x
Make	x	x	x	.	x	x	x	x	x	x	x	x	x	x	x	x	x
Model	x	.	x	.	x	x	.	x	x	.	x	x	x	x	x	x	.
Series	.	.	x	.	.	.	.	.	.	.	x	.	.	.	.	.	.
Type of Body	.	.	.	.	x	x	x	x	x	.	.	x	x	x	x	x	.
Colour	.	.	.	.	.	.	.	.	x	.	.	.	.	x	x	x	.
Registration No.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Registration Expiry Date	.	.	.	.	x	.	x	.	x	.	.	.	x	.	.	.	.
Engine No.	x	x	x	.	x	.	x	x	x	x	x	x	.	.	.	.	.
Chassis No.	.	.	.	.	.	.	.	x	.	.	.	.	.	x	.	x	x
No. of Cylinders	.	.	x	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Transmission Type	.	.	.	.	.	.	.	.	x	.	.	x	.	.	.	.	.
Engine Size(Carrying Cap.)	x	.	.	.	.	.	.	x	x	x	.	x	.	.	.	.	.
Seating Capacity	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.	.	.
Odometer Reading	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.	.	.
Are you the Owner	x	x	.	.	x	x	x	.	x	x	.	x	.	.	.	.	.
Date of Purchase	.	.	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.
Has the vehicle been Modified	x	.	x	.	x	.	.	x	.	.	.	x	.	.	.	.	.
Fitted with Alarm	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.
Does finance Co have interest	x	x	x	.	x	x	.	x	x	.	x	.	x	x	x	x	x
Do other Insurers Cover	x	.	.	.	x	.	x	x	x	x	.	.	.	.	.	.	.
Were Goods being Carried	x	.	.	.	.	.	x	.	.	.	.	x	.	.	.	.	.
Desc. Weight of Load	.	.	.	.	.	.	x	x	.	.	.	x	.	.	.	.	.
Ever Used for Fare Pass.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.	.
Was Trailer/Cara.being Towed	x	.	.	.	x	.	x	.	.	.	.	x	.	.	.	.	x
Driven with Permission	x	x	x	.	x	x	x	x	.	.	x	x	x	x	.	x	x
Used for Business/Private	x	x	x	.	x	.	x	x	x	x	x	x	x	.	.	.	x
Prior Unrepaired Damage	.	.	x	.	.	.	.	x	.	.	.	x	.	x	.	.	.
Parked in Street overnight	.	.	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UNAAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
THE DRIVER																
Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Address	X	X	X	.	X	X	X	X	X	.	X	X	X	X	X	X
Telephone	X	X	X	X	X	X	X	.	.	X	.	X	X	X	X	X
Date of Birth	X	X	X	X	X	X	X	X	X	.	X	X	X	X	X	X
Age	.	X	.	.	.	.	.	.	.	X	.	.	X	X	X	X
Occupation	X	X	X	.	X	X	X	.	.	.	X	X	X	X	X	.
Drivers Licence No.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
State Licence Issued	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.
Expiry Date	X	X	X	X	X	X	X	X	X	X	X	.	X	X	X	X
Class of Licence	X	X	.	X	.	.	.	X	X	.	.	X	X	X	X	X
How Long Had Licence	X	.	.	.	X	.	.	.	X	.	X	X	X	X	X	X
Drivers Licence Current	.	.	.	.	.	.	.	.	.	.	X	X	X	X	X	X
First licence obtained at/on	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Date Licence Renewed	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Provide Copy of Licence	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.
Approx Kms Driven in Year	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.
Date of Australian Test Pass	X	X	X	.	.	.	X	X	.	.	.	.	.	.	.	.
Endorsements	X	.	X	.	X	.	X	X	X	.	.	.	.	.	.	.
Relationship to Insured	X	X	X	.	X	X	.	X	X	X	X	.	X	X	X	X
If Employee :- How Long	X	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Acting within auth	.	.	.	.	X	.	.	.	X	X	.	X	.	.	.	.
Employers Name/Add.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.
Previous Accidents	.	X	X	.	X	X	.	.	X	X	X	X	X	.	X	.
Previous Convictions	X	X	.	.	X	X	X	X	X	X	X	X	.	.	X	X
Defects-Physical/Eyes/Ears	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.	.
Insurance Refused	X	X	X	.	X	.	X	X	X	X	.	.	X	.	X	.
Compulsory Excess Ever	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.
Rating No.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
Anyone Under Influence	.	.	.	.	.	.	.	.	X	.	.	X	X	.	.	.
Alcohol/Drugs:-																
Time 12Hrs	X	X	X	X	X	.	X	X	.	X	X	X	.	X	.	X
24Hrs	.	.	.	.	.	X	.	.	X	.	.	.	.	X	X	.
Tests Breathalyser	X	X	X	X	X	X	X	X	.	X	X	X	X	X	X	X
Blood	X	X	X	X	X	X	.	X	X	.	X	X	X	X	X	X
Drug	.	X	.	.	.	.	X	.	.	.	.	.	.	.	.	.
Refused	X	.	.	.	.	X	.	.	.	.	.	.	.	X	.	.
How often uses car	.	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Have Own Car	.	X	X	.	.	X	X	X	.	.	X	X	.	.	.	X
Is it Insured	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.
Name Insurer	.	X	X	.	.	X	X	X	.	.	X	X	.	.	.	X
Own Car Operative	.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	X
Ever Made a Claim	.	.	.	.	.	.	.	.	X	X	.	.	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
THE ACCIDENT / EVENT																	
Date	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Day	.	.	x	.	.	x	x	x	.	.	x	x	x	.	x	.	x
Time	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Date When Reported to You	.	.	.	.	.	.	x	.	.	.	.	.	.	.	x	x	x
Place	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
The Journey From/To	x	.	.	.	x	.	.	.	.	.	.	.	.	.	.	.	.
What Speed Limit Applies	.	.	.	.	x	.	.	.	.	.	.	.	.	.	.	.	.
Number of Vehicles Involved	.	.	.	.	.	x	.	.	.	.	.	.	.	.	x	.	.
Type/Reg.No. Other Vehicle	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.
Est. Speed Your Vehicle:-																	
At Impact	x	x	x	.	x	.	x	x	x	x	x	x	x	x	x	x	x
Prior to Impact	.	x	x	.	.	x	x	x	.	x	x	.	.	.	.	.	x
Est.Speed Other Vehicle:-																	
At Impact	.	.	x	.	x	.	.	x	x	x	x	x	x	x	.	x	x
Prior to Impact	.	.	x	.	.	.	.	x	.	x	x	x	.	.	.	x	x
Did Other Driver Reduce Speed	.	.	.	.	.	.	x	.	.	x	.	.	.	.	.	.	.
Did You Reduce Speed	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.
Precise Purpose of Journey	x	.	.	.	x	.	.	.	.	.	.	.	.	.	.	.	.
Weather Details	x	x	x	.	.	.	x	x	.	x	x	.	x	.	.	.	x
Road Conditions	x	x	x	.	x	.	x	x	x	x	x	x	.	.	.	x	x
Road Surface	x	x	x	.	x	x	.	x	x	x	x	x	.	.	.	x	x
Width of Road	.	x	.	.	.	.	x	.	.	x	.	.	.	x	x	x	x
Street Lights (if night)	x	.	.	.	x	.	x	.	x	x	.	x	.	x	.	.	.
Vehicle Lights:-																	
Yours	x	x	.	.	.	.	.	.	x	x	.	x	.	.	.	.	x
Other Driver	x	.	.	.	.	.	.	.	.	x	.	x	.	.	.	.	x
Condition Vehicle Brakes	.	.	.	.	.	.	.	.	x	.	.	x	.	.	.	.	.
Condition Vehicle Tyres	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	.	.
Acc. due to Mech.Failure	.	.	.	.	.	.	.	.	.	.	.	.	x	.	.	.	.
What Signals Given:-																	
By You	x	x	.	.	x	.	x	.	.	x	.	x	.	.	.	x	x
By Other Driver	x	.	.	.	x	.	x	.	.	x	.	x	.	.	.	x	.
What side of Road were:-																	
You	.	x	x	.	.	.	x	x	x	.	x	x	.	.	.	.	x
Other Driver	.	.	x	.	.	.	.	x	.	.	x	.	.	.	.	.	x
How Far from Left Kerb	.	x	.	.	.	.	x	.	.	x	.	.	.	.	.	.	x
Controlled Intersection	.	.	x	.	.	x	.	x	x	.	x	.	.	.	x	x	.
Traffic Lights	.	.	x	.	.	.	.	x	x	.	x	.	.	.	.	.	.
Type of Intersection	.	.	x	.	.	.	.	x	.	.	x	.	.	.	.	.	.
Vision of Other Driver Impaired	.	.	.	.	x	.	x	.	.	.	.	.	.	.	.	.	.
Did You See other Vehicle	.	.	.	.	x	.	.	.	.	.	.	.	.	.	.	.	.
Distance of Intersection:-																	
Your Vehicle when other seen	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	x
Other Vehicle when seen by you	.	.	.	.	.	.	.	.	.	x	.	.	.	.	.	.	x
Describe How accident Occurred	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Who Was Responsible	.	x	x	.	x	x	x	x	x	x	.	x	x	x	x	x	x
Anyone Admit Fault	.	.	x	.	x	.	.	x	.	.	.	.	.	x	.	.	.
Draw Sketch(General Request)	.	x	x	.	x	x	.	x	x	x	x	x	x	x	x	x	x
Draw Sketch(Prior to Event)	x	.	.	.	.	.	x	.	.	.	.	.	.	.	.	.	.
Draw Sketch(After Impact)	x	.	.	.	.	.	x	.	.	.	.	.	.	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
LOSS / DAMAGE																	
INSURED VEHICLE																	
Do you intend Claiming	.	.	.	.	.	X	.	.	.	.	.	.	X	.	X	X	.
Diagram of Damage:-																	
Prior to Acc.	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.
After Acc.	.	.	X	.	X	X	.	X	X	.	X	.	X	X	X	X	X
Description of Damage	X	X	.	.	.	.	X	X	.	X	.	X	X	X	X	X	X
Approx. Repair Costs	X	X	X	X	X	.	X	X	X	X	.	X	X	.	.	X	X
Which Repairer Preferred	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	X
Quoted Repairers:-																	
Name	.	X	X	X	X	.	X	X	X	X	.	X	X	.	.	X	.
Address/Phone	.	X	X	X	X	.	X	X	X	X	.	X	X	.	.	X	.
Is Vehide Drivable	X	X	X	.	.	.	X	X	.	X	X	X	X	.	.	X	.
Location(for Inspection)	X	X	X	X	.	X	X	X	X	X	X	X	X	X	X	X	X
Towed	.	X	X	.	.	X	.	.	X	.	X	X	X	X	X	X	X
Name Towing Firm	.	X	X	.	.	X	.	.	X	.	X	X	X	X	X	X	X
Towing Contractor Paid	.	.	X	.	.	.	.	.	.	.	X	.	.	.	.	.	.
Distance Towed	.	.	.	.	.	X	.	.	X	.	.	.	.	.	.	.	.
Tow Date	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.
Tow Time	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.
Tow to Where	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.
If Tyres Damaged-Mileage	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
LOSS / DAMAGE																	
OTHER VEHICLE/S																	
Was there any Damage	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	X	.
Owners Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.
Owners Address/Phone	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.
Drivers Name	.	X	X	.	X	X	X	X	X	X	X	X	X	X	X	X	X
Drivers Address/Phone	.	X	X	.	X	X	X	X	X	X	X	X	X	X	X	X	X
Male/Female	.	.	.	.	X	.	.	.	.	.	.	.	X	.	.	.	.
Drivers Est Age	.	.	X	.	X	.	X	X	.	X	X	X	X	.	.	X	.
Date of Birth	.	.	.	.	.	X	.	.	X	.	.	.	.	.	.	.	.
Licence No.	.	.	.	.	.	X	X	.	X	X	.	X	.	X	X	X	.
Expiry Date	.	.	.	.	.	X	.	.	.	.	.	.	.	.	X	X	.
Year of Manufacture	X	.	.	.	.	X	.	.	X	.	.	.	.	X	X	X	.
Make	X	X	X	.	X	X	.	X	X	.	X	X	X	X	X	X	X
Model	X	.	X	.	.	.	.	X	.	.	X	.	.	.	.	.	.
Type	.	.	.	.	X	X	.	.	.	.	.	X	.	.	X	.	.
Colour	.	.	.	.	.	X	.	.	X	.	.	X	.	.	X	.	.
Registration No.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
State of Registration	.	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.
Diagram of Damage	.	.	X	.	X	.	.	.	.	.	.	.	X	X	.	.	.
Details of Damage	X	X	.	.	.	.	X	X	X	X	X	X	X	.	.	.	X
Estimate \$	.	.	.	.	.	.	.	.	.	.	.	X	X	.	.	.	.
Any Prior Damage	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.
Any Demand for Damage	.	X	X	.	.	.	.	X	X	X	X	X	.	.	.	.	.
Driveable	.	.	.	.	.	.	X	.	.	X	X	.	.	.	.	.	.
Location(for inspection)	.	.	.	.	.	.	X	.	.	X	.	.	.	.	.	.	.
Any Verbal Claim	X	.	.	.	.	.	.	.	X	.	.	.	.	X	.	.	.
Any Written Claim	X	.	X	.	.	.	.	.	X	.	.	.	.	X	.	.	.
Insurers Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Policy No.	X	.	.	.	X	X	.	X	.	.	.	X	.	X	X	.	X
Type of Insurance	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	X
Claim Lodged with T/Party	.	.	.	.	X	.	.	.	.	.	.	.	.	.	.	.	.
Owner in Vehicle/Used his Business	.	.	.	.	.	X	.	.	X	.	.	X	.	.	X	X	.
Any Relationship to Insured	.	.	.	.	.	.	.	.	.	.	.	.	.	X	.	.	.

Traffic Accident Insurance Data

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
LOSS / DAMAGE																	
PROPERTY																	
Was there any Damage	X	.	X	.	.	.	X	.	X	.
Description of Property	X	.	.	X	.	X	X	.	X	.
Details of Damage	.	X	X	.	X	X	X	X	X	X	X	X	X	X	.	X	X
Estimated Cost \$	X	.	.	X	.
Name of Owner	X	.	X	X	X	X	.	X	X	X	X	X	.
Address of Owner/Phone	X	X	X	X	X	X	.	X	X	X	X	X	.
Any Demands Received	X	X	X	X	X	X	X	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAI	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
WITNESSES/PASSENGERS																	
Were there Any Witnesses	.	.	.	.	.	X	.	X	.	X	.	.	.	.	X	.	.
Passenger in Your Car	X	X	X	.	X	X	.	X	.	X	X	.	X	X	X	X	X
Diagram of Position of Pass.	.	.	.	.	.	.	.	.	X	.	.	.	.	.	.	.	.
Passenger in Other car	X	.	.	.	X	.	.	X	.	.	.	.	.	.	.	.	.
Independent	.	X	X	X	X	.	X	X	X	X	X	X	X	X	.	X	X
Witness Name	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Witness Address/Phone	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Have Police Witness Details	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
No. Passengers in Your Car	.	.	.	.	.	.	.	.	X	.	.	X	.	X	X	X	.
No. Passengers in Other Car	.	X	.	.	.	X	.	.	.	.	.	.	.	X	.	.	.
If No Witness Details Taken-Why	.	.	.	.	.	.	X	.	.	X	.	.	.	.	.	.	.
POLICE																	
Reported to Police	X	.	X	.	X	.	.	X	X	.	X	.	X	.	.	X	X
Date/Time Reported	.	.	.	.	.	.	.	X	X	.	.	.	X	.	.	X	X
Written Statement Made	.	X	.	.	X	.	.	.	X	X	X	.	X	.	X	.	.
Did Police attend Scene	X	X	.	X	X	X	X	X	.	X	X	X	X	X	X	X	X
Official Report Made	.	.	.	.	X	.	.	.	X	X	X	X	X	X	.	.	X
Name Reporting Officer	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.
Police Station	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Were measurements Taken	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Police Action Threatened:-																	
You	X	X	X	.	X	.	X	X	X	.	X	X	X	X	.	X	X
Other Driver	X	X	X	.	X	.	X	X	X	.	X	X	X	X	.	X	X
On What Charge:-																	
You	.	X	X	.	X	.	X	X	.	.	X	X	X	X	.	X	X
Other Driver	.	X	X	.	X	.	X	X	.	.	X	X	X	X	.	X	X
Did Officer Indicate Responsibility	.	.	.	.	.	X	.	.	X	.	.	.	.	X	X	.	.
Name Person/s Charged	.	.	.	.	.	X	.	.	X	.	.	.	X	X	X	X	X
Nature of Charge/Caution	.	.	.	.	.	X	.	.	X	.	.	.	.	.	X	X	X
If Not Reorted to Police-Why	X	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

QUESTIONS	NZI	VACC	AMEV	RACV	HBA	FAI	CIC	ANSVAF	MMI	MAN/UN	AAMI	ZURICH	SIO	GIO	NRMA	RACQ	RAA
INJURY																	
Any Person Injured-Give Details	.	.	x	.	.	x	x	.	.	x	x	x	.	x	.	.	x
Name	.	x	.	.	x	x	x	.	.	x	.	x	x	.	x	x	.
Address	.	x	.	.	x	x	x	.	.	x	.	x	x	.	x	x	.
Details of Injury	.	x	.	.	x	x	x	.	.	x	.	x	x	.	x	x	.
How did Injury Happen	x	.	.	.	.	.	x	.	.	.	.	.
Name Third Party Insurer	x	.	.	.	x	.
Age	x	.	.	.	.	.	.	.	x	.	.	x	.
Occupation	x	.	x	x	.
Sex	x	.	.
Relationship to Owner	x	.	.	.	.	.	.	.	x	.	.	.	.
Occupant:-																	
Your Car	x	.	.	.	.	.	.	.	.	.	x	.	.
Other Car	x	.	.	.	.	.	.	.	.	.	x	.	.
Name Doctor	.	x	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Was Taken to Hospital	.	x	.	x	.	.	.	.	.	.	.	.	.	.	.	.	x
Name Hospital	.	x	.	.	.	.	.	.	.	.	.	.	.	.	.	.	x
Injured Person:-																	
Driver	x	x	.
Passenger	x	x	.
Pedestrian	.	x	.	.	x	.	.	.	.	.	.	.	.	.	x	x	.
Work Comp Entitlement	.	x	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

KEY FOR TABLES

NZI	:	New Zealand Insurance
VACC	:	VACC Insurance Co
AMEV	:	AMEV Family Insurance
RACV	:	RACV Insurance Pty Ltd
HBA	:	HBA Car Insurance
FAI	:	FAI Insurance Group (Friendly Australian Innovative)
CIC	:	CIC Insurance (A Norwich Winterthur Co)
ANSVAR	:	ANSVAR Australian Insurance Ltd
MMI	:	Mercantile Mutual Insurance (Aust) Ltd
MAN/UN	:	Manchester Unity General Insurance Ltd
AAMI	:	Australian Associated Motor Insurers Ltd
ZURICH	:	Zurich Australian Insurance Ltd
SIO	:	SIO Victoria (now a division of GIO)
GIO	:	GIO Australia
NRMA	:	NRMA Insurance Ltd (NSW)
RACQ	:	RACQ Insurance Pty Ltd (Qld)
RAA	:	RAA Insurance Ltd (SA)

TABLE 2

**VEHICLE INSURANCE CLAIM DATA
ENTERED IN COMPUTER**

TARCMP2
EX
TAR7

ANALYSIS OF QUESTIONS ON VEHICLE DAMAGE CLAIM FORMS
ENTERED ON COMPUTER

QUESTIONS	AAMI QUEST/COMP.		SIO QUEST/COMP.		NRMA QUEST/COMP.	
THE POLICY HOLDER						
State	.		.		.	
Name	x	+	x	+	.	
ACN (If Company)	.		.		x	+
Address	x	+	x	+	x	+
Business Address	.		.		.	
Date of Birth	.		x	+	.	
Driving Licence	.		.		.	
Telephone	x	+	x	+	x	
Occupation	x	+	x	+	x	
Division	.		.		.	
Policy number	x	+	x	+	x	+
Policy Expiry Date	x	+	x	+	x	+
Amount Insured	.		.		.	
Date due	.		.		x	+
Excess	.		.		.	
Endorsements	.		.		.	
Inits & Date	.		.		.	
Agent	.		.		.	
If Policy No. not known:-	.		.		.	
Date of Purchase	.		.		.	
Name & Add. of Dealer	.		.		.	
Policy Holder Offences	.		.		.	

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- .
- o Confirmed Later from other sources

QUESTIONS	AAMI		SIO		NRMA	
	QUEST/COMP.		QUEST/COMP.		QUEST/COMP.	
THE VEHICLE						
Vehicle Type(Car/Truck etc)	.		.		.	
Year of Manuf.	x	+	x	+	x	+
Make	x	+	x	+	x	+
Model	x	+	x	+	x	+
Series	x	+	.		.	
Type of Body	.		x	+	x	+
Colour	.		.		x	
Registration No.	x	+	x	+	x	+
Registration Expiry Date	.		x	+	.	
Engine No.	x	+	.		.	
Chassis No.	.		.		.	
No. of Cylinders	x	+	.		.	
Transmission Type	.		.		.	
Engine Size(Carrying Cap.)	.		.		.	
Seating Capacity	.		.		.	
Odometer Reading	.		.		.	
Are you the Owner	.		.		.	
Date of Purchase	.		.		.	
Has the vehicle been Modified	x		.		.	
Fitted with Alarm	.		.		.	
Does finance Co have interest	x	*	x	*	x	+
Do other Insurers Cover	.		.		.	
Were Goods being Carried	.		.		.	
Desc. Weight of Load	.		.		.	
Ever Used for Fare Pass.	.		.		.	
Was Trailer/Cara.being Towed	.		.		.	
Driven with Permission	x		x		.	
Used for Business/Private	x		x		.	
Prior Unrepaired Damage	x		.		.	
Parked in Street overnight	.		.		.	

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- .
- o Added from Claim Form
- o Confirmed Later from other sources

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.
THE DRIVER			
Name	x *	x *	x *
Address	x	x *	x *
Telephone	x	x	x *
Date of Birth	x *	x *	x *
Age	.	.	.
Occupation	x	x	x
Drivers Licence No.	x	x	x
State Licence Issued	.	.	.
Expiry Date	x	.	x
Class of Licence	.	x	.
How Long Had Licence	x	x	x *
Drivers Licence Current	.	.	.
First licence obtained at/on	x	.	.
Date Licence Renewed	x	.	.
Provide Copy of Licence	.	.	.
Approx Kms Driven in Year	.	.	.
Date of Australian Test Pass	.	.	.
Endorsements	.	.	.
Relationship to Insured	x	.	x
If Employee :- How Long	.	.	.
Acting within auth	.	.	.
Employers Name/Add.	.	.	.
Previous Accidents	x	.	.
Previous Convictions	x	.	.
Defects-Physical/Eyes/Ears	.	.	.
Insurance Refused	x	.	.
Compulsory Excess Ever	x	.	.
Rating No.	.	.	.
Anyone Under Influence	.	x	.
Alcohol/Drugs:-			
Time 12Hrs	x	.	.
24Hrs	.	.	x
Tests Breathalyser	x	x	x *
Blood	x	x	x
Drug	.	.	.
Refused	.	.	x
How often uses car	.	.	.
Have Own Car	.	x	.
Is it Insured	.	.	.
Name Insurer	.	x	.
Own Car Operative	.	.	.
Ever Made a Claim	.	.	.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- * Added from Claim Form
- o Confirmed Later from other sources

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.
THE ACCIDENT / EVENT			
Date	x	x	x
Day	x	x	x
Time	x	x	x
Date When Reported to You	.	.	.
Place	x	x	x
The Journey From/To	.	.	.
What Speed Limit Applies	.	.	.
Number of Vehicles Involved	.	.	x
Type/Reg.No. Other Vehicle	.	.	.
Est. Speed Your Vehicle:-			
At Impact	x	x	x
Prior to Impact	x	.	.
Est.Speed Other Vehicle:-			
At Impact	x	x	.
Prior to Impact	x	.	.
Did Other Driver Reduce Speed	.	.	.
Did You Reduce Speed	.	.	.
Precise Purpose of Journey	.	.	.
Weather Details	x	x	.
Road Conditions	x	.	.
Road Surface	x	.	x
Width of Road	.	.	.
Street Lights (if night)	.	.	.
Vehicle Lights:-			
Yours	.	.	.
Other Driver	.	.	.
Condition Vehicle Brakes	.	.	.
Condition Vehicle Tyres	.	.	.
Acc. due to Mech.Failure	.	x	.
What Signals Given:-			
By You	.	.	.
By Other Driver	.	.	.
What side of Road were:-			
You	x	.	.
Other Driver	x	.	.
How Far from Left Kerb	.	.	.
Controlled Intersection	x	.	x
Traffic Lights	x	.	.
Type of Intersection	x	.	.
Vision of Other Driver Impaired	.	.	.
Did You See other Vehicle	.	.	.
Distance of Intersection:-			
Your Vehicle when other seen	.	.	.
Other Vehicle when seen by you	.	.	.
Describe How accident Occurred	x	x	x
Who Was Responsible	.	x	x
Anyone Admit Fault	.	.	.
Draw Sketch(General Request)	x	x	x
Draw Sketch(Prior to Event)	.	.	.
Draw Sketch(After Impact)	.	.	.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- .
- o Confirmed Later from other sources

NB. Using information from the Claim Forms:-

AAMI enters a BLAME CODE and ACCIDENT TYPE CODE

SIO enters an INCIDENT CODE

NRMA enters a Summarized Description

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.
LOSS / DAMAGE			
INSURED VEHICLE			
Do you intend Claiming	.	x	x o
Diagram of Damage:-			
Prior to Acc.	.	.	.
After Acc.	x	x	x o
Description of Damage	.	.	.
Approx. Repair Costs	.	x	.
Which Repairer Preferred	.	.	.
Quoted Repairers:-			
Name	.	x	.
Address/Phone	.	x	.
Is Vehicle Drivable	x	x	.
Location(for Inspection)	x	x	x
Towed	x	x	x o
Name Towing Firm	x	x	x o
Towing Contractor Paid	x	.	.
Distance Towed	.	.	x
Tow Date	.	.	.
Tow Time	.	.	.
Tow to Where	.	.	.
If Tyres Damaged-Mileage	.	.	.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- Added from Claim Form
- o Confirmed Later from other sources

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.
LOSS / DAMAGE			
OTHER VEHICLE/S			
Was there any Damage	.	.	.
Owners Name	x	x	x
Owners Address/Phone	x	x	x
Drivers Name	x	x	x
Drivers Address/Phone	x	x	x
Male/Female	.	x	.
Drivers Est Age	x	x	.
Date of Birth	.	.	.
Licence No.	.	.	.
Expiry Date	.	.	x
Year of Manufacture	.	.	x
Make	x	x	x
Model	x	.	.
Type	.	.	.
Colour	.	.	x
Registration No.	x	x	x
State of Registration	.	.	.
Diagram of Damage	.	x	.
Details of Damage	x	x	.
Estimate \$	.	x	.
Any Prior Damage	.	.	.
Any Demand for Damage	x	.	.
Driveable	x	.	.
Location(for inspection)	.	.	.
Any Verbal Claim	.	.	.
Any Written Claim	.	.	.
Insurers Name	x	x	x
Policy No.	.	.	x
Type of Insurance	.	.	.
Claim Lodged with T/Party	.	.	.
Owner in Vehicle/Used his Business	.	.	x
Any Relationship to Insured	.	.	.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- * Added from Claim Form
- o Confirmed Later from other sources

QUESTIONS

LOSS / DAMAGE

PROPERTY

Was there any Damage
Description of Property
Details of Damage
Estimated Cost \$
Name of Owner
Address of Owner/Phone
Any Demands Received

AAMI
QUEST/COMP.

SIO
QUEST/COMP.

NRMA
QUEST/COMP.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- Added from Claim Form
- o Confirmed Later from other sources

.	.	.	.
x	x	.	.
x	x	•	.
.	x	•	.
.	x	•	x
.	x	•	x
x	x	.	.

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.
WITNESSES/PASSENGERS			
Were there Any Witnesses	.	.	x
Passenger in Your Car	x	x	x
Diagram of Position of Pass.	.	.	.
Passenger in Other car	.	.	.
Independent	x	x	.
Witness Name	x	x	x
Witness Address/Phone	x	x	x
Have Police Witness Details	.	.	.
No. Passengers in Your Car	.	.	x
No. Passengers in Other Car	.	.	.
If No Witness Details Taken-Why	.	.	.
POLICE			
Reported to Police	x	x	.
Date/Time Reported	.	x	.
Written Statement Made	x	x	x
Did Police attend Scene	x	x	x
Official Report Made	.	.	.
Name Reporting Officer	x	x	x
Police Station	x	x	x
Were measurements Taken	.	.	.
Police Action Threatened:-			
You	x	x	.
Other Driver	x	x	.
On What Charge:-			
You	x	x	.
Other Driver	x	x	.
Did Officer Indicate Responsibility	.	.	x
Name Person/s Charged	.	x	x
Nature of Charge/Caution	.	.	x
If Not Reorted to Police-Why	.	.	.

LEGEND:-

- x Questions from Claim Forms
- + Already on Computer
- * Added from Claim Form
- o Confirmed Later from other sources

QUESTIONS	AAMI QUEST/COMP.	SIO QUEST/COMP.	NRMA QUEST/COMP.	LEGEND:-
INJURY				x Questions from Claim Forms
Any Person Injured-Give Details	x	.	.	+ Already on Computer
Name	.	x	x	• Added from Claim Form
Address	.	x	x	o Confirmed Later from other sources
Details of Injury	.	x	x	
How did Injury Happen	.	.	.	
Name Third Party Insurer	.	.	.	
Age	.	x	x	
Occupation	.	.	x	
Sex	.	x	.	
Relationship to Owner	.	.	.	
Occupant:-	.	.	.	
Your Car	.	.	x	
Other Car	.	.	x	
Name Doctor	.	.	.	
Was Taken to Hospital	.	.	.	
Name Hospital	.	.	.	
Injured Person:-	.	.	.	
Driver	.	.	x	
Passenger	.	.	x	
Pedestrian	.	.	x	
Work Comp Entitlement	.	.	.	

TABLE 3

**ACCIDENT REPORTS FOR
INJURY ACCIDENTS**

TABLE 3
ACCIDENT REPORT FOR INJURY ACCIDENTS

Accident Section	ANALYSIS OF QUESTIONS ON CLAIM FORMS						
	VIC	NSW	SA	QLD	WA	TAS	NT
THE OWNER							
Name	.	X	X	X	X	X	X
Private Address	.	X	X	X	X	X	X
Business Address	X	X	.
Date of birth	.	X	.	.	.	.	.
Age	X	.
Sex	X	.
Phone Nos	.	X	X	X	X	X	X
Occupation	.	X	X	X	.	.	X
Driving Experience	X	.
Has Ownership Changed	.	X	.	.	.	.	.
Previous Owners Name	.	X	.	.	.	.	.
Registration No. Changed	.	X	.	.	.	.	.
Previous Reg. No	.	X	.	.	.	.	.
Previous State of Registraton	.	X	.	.	.	.	.
Vehicle used with Permission	.	.	X	X	X	.	X

Accident
Section

ANALYSIS OF QUESTIONS ON

CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
DETAILS OF DRIVER							
Full Name	X	X	X	X	X	X	X
Private Address	X	X	X	X	X	X	X
Business Address	.	.	.	.	X	X	.
Date of Birth	X	X	X	X	X	X	X
Age	.	.	.	.	.	X	.
Sex	X	.	X	.	.	X	.
Phone Nos	X	X	X	X	X	X	X
Occupation	.	X	X	X	X	X	X
Employers Name	.	.	.	.	X	.	X
Relationship to Insured	.	X	.	X	.	.	.
Licence No	X	X	X	X	X	X	X
Class	.	.	X	X	.	.	.
Expiry Date	X	X	X	X	.	X	X
Cash register Date	.	.	.	.	.	X	.
State of Issue	X	X	.	.	.	.	.
Period Driving Licence Held	X	X	.	.	.	X	.
Has Driver Ever:-							
Had Licence Suspended	.	.	X	.	.	.	.
Been Prosecuted/Traffic Offences	.	.	X	.	.	.	.
Made previous Claim for Injury	.	.	X	.	X	.	.
Give Details	.	.	X	.	X	.	.

Accident
Section

ANALYSIS OF QUESTIONS ON

CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
ACCIDENT DETAILS							
Date of Accident	X	X	X	X	X	X	X
Day	X	.	X	.	.	X	X
Time	X	X	X	X	X	X	X
Driver Injured	X	.	.	.	.	.	.
Location	X	X	X	X	X	X	X
Familiar with Location	.	.	.	.	X	.	.
Built up/Rural	.	.	.	.	X	.	.
Street/direction of travel	.	.	.	.	X	.	.
Is this Priority Road	.	.	.	.	X	.	.
Street/direction other vehicle	.	.	.	.	X	.	.
Is this Priority Road	.	.	.	.	X	.	.
Name/Address other Party	.	.	.	.	X	.	.
Registration of Other Vehicle	.	.	.	.	X	.	.
Describe Accident	X	X	X	X	X	X	X
Weather Conditions	.	X	X	.	X	.	.
Road Conditions	.	X	X	.	X	.	.
Windscreen Wipers Working	.	.	.	.	X	.	.
Traffic Conditions	.	X	X	.	.	.	.
Traffic Controls	.	X	.	.	.	.	.
Traffic Lights:-							
Red - You/ Other Driver	.	.	.	.	X	.	.
Green - You/Other Driver	.	.	.	.	X	.	.
Amber - You/Other Driver	.	.	.	.	X	.	.

(CONT.)

Accident
Section

ANALYSIS OF QUESTIONS ON

CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
ACCIDENT DETAILS(CONT)							
Stop Sign:-							
Against You	X	.	.
Other Driver	X	.	.
Give Way:-							
Against You	X	.	.
Other Driver	X	.	.
What Part of Road Was Vehicle	.	.	X	.	X	.	.
Width of Road	X	.	.
Accident on Crosswalk	X	.	.
How Far Ped/Veh when first seen	X	.	.
How Far Ped/Veh to Intersection	X	.	.
Did You Blow Your Horn	X	.	.
Was Warning signal given:-							
By You	.	.	X	.	X	.	.
By Other Driver	.	.	X	.	X	.	.
Your Estimated Speed:-							
Prior to Impact	.	.	X	X	X	.	.
At Collision	.	.	X	.	X	X	.
Estimated Speed Other Vehicle:-							
Prior to Impact	.	.	X	.	X	.	.
At Collision	.	.	X	.	X	.	.
What Lights were Burning on:-							
Your Vehicle	X	.	.
Other Vehicle	X	.	.
Who Was at Fault	.	.	X	X	.	X	.
If Not You Give Reason	.	.	X	X	.	X	.
Any Person Admit Liability	.	.	X	.	.	.	.

Accident
Section

ANALYSIS OF QUESTIONS ON

CLAIM FORMS

QUESTIONS
DIAGRAMS

i) Sketch of Location
& Road User Movement

VIC	NSW	SA	QLD	WA	TAS	NT
x	x	x	x	x	x	x

ii) Indicate on Diagram Provided
Points of Impact
Damaged Areas on

VIC	NSW	SA	QLD	WA	TAS	NT
x	.	x	.	x	x	.
.	.	x	.	x	.	.
.	.	x	.	x	.	.

iii) Indicate on Diagram Provided
Seating Position of Passengers
& Injured Persons

VIC	NSW	SA	QLD	WA	TAS	NT
x	.	x	.	.	.	.
x

Accident
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
DRIVERS VEHICLE							
Registration No.	x	x	x	x	x	x	x
Expiry Date	.	x	.	x	.	.	x
State of Registration	x	.	.	.	.	.	x
Make	.	x	x	x	x	x	x
Model	.	x	.	x	x	.	x
Year	.	x	x	.	x	.	x
Type	x	x	x	.	x	x	x
Engine No	.	.	x	.	x	.	.
Colour	.	x	.	.	.	.	x
Est. Speed at impact	x	.	.	.	.	.	.
Diagram of points of damage	x	.	.	.	.	.	.
Est. Cost of Repairs	x	.	x	.	.	.	.
Level of Damage(1-4)	x	.	.	.	.	.	.
Repairers Name	.	.	x	.	.	.	.
Repairers Address	.	.	x	.	.	.	.
Repairers Phone No	.	.	x	.	.	.	.
Trailer/Caravan attached	.	x	.	.	.	.	.
Reg.No. of Trailer/Caravan	.	x	.	.	.	.	.
Is Vehicle Driveable	.	.	x	.	.	.	.
Towed	x	.	x	.	.	.	.
Name of Tower	x	.	x	.	.	.	.
Address of Tower	.	.	x	.	.	.	.
Phone No Tower	.	.	x	.	.	.	.
Name of Panel Beater	x	.	.	.	.	.	.
Name of Comprehensive Insurer	x	.	.	x	x	.	x
Insured TPPD	.	x	.	.	.	.	x
Name TPPD Insurer	.	x	x	.	.	.	x
Polcy No.	.	x	.	.	.	.	x
Expiry Date	.	.	.	.	.	.	x
Claim No.	.	x	.	.	.	.	.
Purpose Being Used	.	.	.	x	.	x	x

Accident
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
WITNESSES							
Name	x	.	x	x	.	x	.
Address	x	.	x	x	.	x	.
Phone Nos	x	.	x	x	.	.	.
Viewed Accident From In Insured Vehicle:-	.	.	.	.	.	x	.
Name	.	x	.	.	.	.	.
Address	.	x	.	.	.	.	.
Phone Nos	.	x	.	.	.	.	.
Independent:-							
Name	.	x	.	.	x	.	.
Address	.	x	.	.	x	.	.
Phone Nos	.	x	.	.	.	.	.

Accident
Section

ANALYSIS OF QUESTIONS ON

CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
OTHER OCCUPANTS IN INSURED VEHICLE							
Show position on dia.	X	.	X	.	.	.	X
Rear Seat	.	.	.	.	X	.	.
Front Seat	.	.	.	.	X	.	.
Seat Belt Worn	.	.	.	.	.	.	X
No of Occupants	X	.	.	X	.	.	.
Name	X	.	X	.	X	.	X
Address	X	.	X	.	X	.	X
Phone No	.	.	X	.	.	.	X
Was this person injured	X	.	.	.	X	.	X
Nature of Injury	.	.	.	.	.	.	X
Relationship to Driver	.	.	X	.	.	.	.
Date of Birth	.	.	.	.	X	.	.
Age	.	.	X	.	.	.	X
Sex	.	.	.	.	.	.	X
Which Vehicle Yours/Other	.	.	X	.	.	.	.

Accident
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
OTHER VEHICLES							
Make	.	X	X	X	.	X	.
Model	.	X	X	X	.	.	.
Type	.	.	X	.	.	X	.
Year	.	X	.	.	.	.	.
Colour	.	X	X	.	.	.	.
Owners Name	.	X	.	X	.	.	.
Owners Address	.	X	.	X	.	.	.
Drivers Name	X	X	X	X	.	X	.
Drivers Address	X	X	X	X	.	X	.
Drivers Licence No.	.	X	.	.	.	.	.
Drivers age	.	X	X	.	.	.	.
Drivers Phone No.	.	X	X	.	.	.	.
Drivers Sex	.	.	X	.	.	.	.
Approx Speed Prior to Impact	.	X	.	.	.	.	.
Registration No	X	X	X	X	.	X	.
State Registered	.	.	X	X	.	.	.
No. Persons in vehicle	X	X	.	X	X	.	.
Level of Damage(1-4)	X	.	X	X	.	.	.
Approx Cost	.	.	X	.	.	.	.
TPPD Insurer	.	.	X	.	.	.	.

Accident
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
OTHER PERSONS(NOT IN VEHS)							
Name	x	.	.	.	.	.	.
Address	x	.	.	.	.	.	.
Type of Road User	x	.	.	.	.	.	.
Injured	x	.	.	.	.	.	.
 INJURY DETAILS							
Name	.	x	x	x	x	x	.
Address	.	x	x	.	x	x	.
Phone No	.	.	x	.	.	.	.
Date of Birth	x	.	.
Age	.	x	x	.	.	x	.
Sex	.	x	x	.	.	.	.
Occupation	.	x	x	.	.	.	.
Nature of Injury	.	x	x	x	x	x	.
Did Ambulance Attend	x	.	.
Where Taken	.	x	.	.	.	.	.
Attended By Doctor	.	.	x	.	.	.	.
Doctors Name	.	.	x	.	.	.	.
Removed to Hospital	.	.	x	.	.	.	.
Hospital Name	.	.	x	.	.	.	.
Seat Belts in Vehicle	.	.	x	.	x	x	.
Wearing Seat Belt/Helmet	.	x	x	x	x	x	.
Type Injured Person	.	x	.	.	x	.	.
Travelling In What Vehicle	.	x	.	.	.	x	.

Accident
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD	WA	TAS	NT
POLICE							
Did Police Attend	.	X	X	X	X	.	.
Accident Reported	.	X	X	X	X	X	.
Police Station	.	X	X	X	X	X	.
Officers Name	.	X	.	X	.	X	.
Date Reported	.	X	X	X	.	.	.
Is Police Action Pending	.	X	X	X	X	X	.
Details of Such Action	X	.
Against Whom	.	X	X	X	X	.	.
What Charge	.	X	X	X	X	.	.
Did you plead guilty	X	.	.
Court Venue	.	X	.	.	.	.	.
Breath Test Taken	.	X	X	.	X	X	.
Result of Breath Test	.	X	X	.	.	X	.
Blood/Drug Test Taken	.	X	X	.	X	.	.
Result of Blood/Drug Test	.	X	X	.	.	.	.
Any Driver Refuse Tests	.	X	.	.	.	.	.
Which Driver	.	X	.	.	.	.	.
Any Driver Cons. Alcohol/Drugs	X	.
Drugs/Alcohol consumed prior:-							
12 Hours	.	.	.	X	.	.	.
24 Hours	.	X	X	.	.	.	.
Where & When Consumed	.	.	X	.	.	.	.
Authorize to Release Details	X	.	.

TABLE 4

COMPENSATION CLAIM FORMS

QUESTIONS	VIC	NSW	SA	QLD *	WA	TAS	NT
STATEMENT OF CLAIM							
Name of Claimant	.	.	.	.	X	.	.
Date of Accident	.	.	.	.	X	.	.
Claim Made After 6 Mths	.	.	.	.	.	.	X
Reason for Delay	.	.	.	.	.	.	X
DETAILS INJURED/DECEASED							
Full Name	X	X	X	.	X	X	X
Date of Birth	X	X	X	.	X	X	X
Age	.	.	.	.	X	.	.
Place of Birth	.	X	.	.	.	.	.
How long Resided in Tasmania	.	.	.	.	.	X	.
How Long in NT Prior to Acc.	.	.	.	.	.	.	X
Relationship to Claimant	.	.	.	.	X	.	X
Sex	X	X	X	.	.	X	X
Married Status	X	X	X	.	.	.	X
Date of Accident	X	.	.	.	.	.	X
Address/Post Code	X	X	X	.	X	X	X
Phones	X	X	X	.	.	X	X
Name Change/Alias	X	X	X	.	.	.	X
Communicate in English	.	X	.	.	.	.	.
Interpreter Required	X	.	X	.	.	.	.
Language Spoken	X	X	X	.	.	.	.
Driving Licence No.	X	X	.	.	.	.	X
Expiry Date	X	.	.	.	.	.	X
State of Issue	X	X	.	.	.	.	X
Period Held	X	.	.	.	.	.	X
Occupation	X	X	X	.	X	.	X
Name of Employer	X	.	X	.	X	.	X
Business Name	.	.	.	.	.	.	X
Occurred During Employment	X	.	.	.	.	.	X
Occurred On Way To Employment	X	.	.	.	.	.	X
Weekly Income	.	.	X	.	.	.	.
Spouse Working	.	.	.	.	.	.	X
If Unemployed Work History:-							
Previous Period Worked	.	.	.	.	.	.	X
Previous Employer	.	.	.	.	.	.	X
Previous Occupation	.	.	.	.	.	.	X
No. of Dependents	.	.	X	.	.	.	.
Dependents Name	.	.	.	.	.	.	X
Dependents Date of Birth	.	.	.	.	.	.	X
Dependents Relationship	.	.	.	.	.	.	X

TABLE 4
COMPENSATION CLAIMS

* Claimant has to send Letter of Demand

Injury Section	ANALYSIS OF QUESTIONS ON CLAIM FORMS							Page
	VIC	NSW	SA	QLD *	WA	TAS	NT	2
QUESTIONS								
INJURY DETAILS								
Describe Injuries	x	x	x	.	x	x	x	
List Symptoms/Restrictions	.	x	.	.	.	.	.
Date of Death	x	.	.	.	.	.	x	
PREVIOUS MEDICAL CONDITION								
Prior Physical Disabilities	x	x	x	.	.	x	x	
Prior Claims - Years	x	x	x	x	.	.	x	
Date of Injury	x	x	x	x	.	.	x	
Nature of Injury	.	x	x	x	.	.	.	
Type of Claim	x	x	.	.	.	.	x	
Name of Doctor/Physio.	.	.	x	.	.	.	.
Period Off Work	.	.	x	.	.	.	.
Name of Person Responsible	.	.	x	.	.	.	.
Address	.	.	x	.	.	.	.
Type of Road User were you	.	.	x	.	.	.	.
Surname at Time Prev.Acc.	.	.	.	x	.	.	.	
If Under 18 Parents:-								
Full Name	.	.	x	.	.	.	.
Address	.	.	x	.	.	.	.

* Claimant has to send Letter of Demand

Injury Section ANALYSIS OF QUESTIONS ON CLAIM FORMS Page 3

QUESTIONS	VIC	NSW	SA	QLD *	WA	TAS	NT
TREATMENT DETAILS							
Ambulance Required	.	X	.	.	.	X	.
Address Ambulance Stn	.	.	.	.	.	X	.
Attend Hospital	.	X	X	.	X	X	.
Admitted to Casualty **	.	.	.	.	.	.	X
Treated	.	.	.	.	.	.	X
Name Hospital	.	X	X	.	X	X	X
Date of Attendance	.	X	.	.	.	.	.
Admitted to Hospital	.	X	.	.	.	X	X
Date of Admission	.	X	.	.	.	.	X
Date of Discharge	.	.	.	.	.	X	X
Date First Treatment	X	.	.	.	.	.	.
Name of Doctor/Provider	.	X	X	.	X	X	X
Address Doctor/Provider	.	X	X	.	X	X	X
Still Being Treated	.	.	X	.	.	X	.
How Long to Continue	.	.	X	.	X	X	.
Rehab. Undertaken/Recomm.	.	X	.	.	.	.	.
Details Rehabilitation	.	X	.	.	.	.	.
LOSS OF EARNINGS DETAILS							
Weekly Earnings	X	X	X	.	.	X	X
Dates Absent from Work	X	X	X	.	.	.	X
Date of Return to Work	X	X	.	.	X	X	.
Earnings Certificate Requested	X	X	.	.	.	X	X
Medical Certificate Requested	X	X	.	.	.	X	.

Footnote: ** Note use of term 'Admitted'.

* Claimant has to send Letter of Demand

Injury Section	ANALYSIS OF QUESTIONS ON CLAIM FORMS							Page 4
	VIC	NSW	SA	QLD *	WA	TAS	NT	
QUESTIONS								
ACCIDENT DETAILS								
Date of Accident	x	x	x	.	.	x	x	
Day	x	.	x	.	.	x	x	
Time	x	x	x	.	.	x	x	
Location	x	x	x	.	.	x	x	
Describe Accident	x	x	x	.	x	x	x	
Type of Road User	x	x	x	.	.	x	x	
Was Injured Racing etc.	x	.	.	.	.	.	.
Weather Conditions	.	x	.	.	.	.	.
Drugs/Alcohol Consumed Prior:-	.	.	.	.	.	.	.
12 hours	.	x	.	.	.	.	.
24 Hours	.	.	.	.	.	.	.
Blood/Alcohol Test Taken	.	.	x	.	.	.	.
Wearing Seat Belt	.	x	x	.	.	x	x	
Wearing Helmet	.	x	x	.	.	.	x	
Who was Responsible	.	x	.	.	.	.	.
DIAGRAMS								
i) Sketch of Location & Road User Movement	x	x	.	.	.	x	x	
ii) Indicate on Diagram Provided	.	.	.	.	.	.	.
Points of Impact	.	.	.	.	.	.	.
Damaged Areas on	.	.	.	.	.	.	.
Your Vehicle	.	.	.	.	.	.	.
Other Vehicle	.	.	.	.	.	.	.
iii) Indcate on Diagram Provided	.	.	.	.	.	.	.
Seating Position of Passengers	.	.	.	.	.	x	.
& Injured Persons	x	.	x	.	.	.	x	
WITNESSES								
Name	x	x	.	.	x	.	.	
Address	x	x	.	.	x	.	.	
Phones	.	x	.	.	.	.	.
VEHICLE INVOLVED								
Registration No	x	x	x	.	x	x	x	
State	x	x	x	.	.	.	x	
Make	.	x	x	.	.	.	.
Model	.	x	.	.	.	.	.
Type	x	.	.	.	.	.	x
Owners Name	.	x	.	.	.	.	.
Owners Address	.	x	.	.	.	.	.
Drivers Name	x	x	x	.	x	x	x	
Drivers Address	x	x	x	.	x	x	.	
Drivers Phone	.	x	.	.	.	.	.
No. of Persons in Vehicle	.	x	.	.	.	.	.
Name/Address Passengers	.	.	.	.	.	.	x
Describe Damage to Vehicle	.	x	.	.	.	.	.

* Claimant has to send Letter of Demand

Injury
Section

ANALYSIS OF QUESTIONS ON CLAIM FORMS

Page 4

QUESTIONS	VIC	NSW	SA	QLD *	WA	TAS	NT
ACCIDENT DETAILS							
Date of Accident	x	x	x	.	.	x	x
Day	x	.	x	.	.	x	x
Time	x	x	x	.	.	x	x
Location	x	x	x	.	.	x	x
Describe Accident	x	x	x	.	x	x	x
Type of Road User	x	x	x	.	x	x	x
Was Injured Racing etc.	x	.	.	.	.	.	.
Weather Conditions	.	x	.	.	.	.	.
Drugs/Alcohol Consumed Prior:-	.	.	.	.	.	.	.
12 hours	.	x	.	.	.	.	.
24 Hours	.	.	.	.	.	.	.
Blood/Alcohol Test Taken	.	.	x	.	.	.	.
Wearing Seat Belt	.	x	x	.	.	x	x
Wearing Helmet	.	x	x	.	.	.	x
Who was Responsible	.	x	.	.	.	.	.
DIAGRAMS							
Draw Diagram of Scene Showing:-	.	.	.	.	.	.	.
Position of All Vehicles	x	x	.	.	.	x	x
Position of Injured Persons	x	x	x	.	.	x	x
Mark Pos. INJ/DEC. on Diagram	.	.	.	.	.	.	x
WITNESSES							
Name	x	x	.	.	x	.	.
Address	x	x	.	.	x	.	.
Phones	.	x	.	.	.	.	.
VEHICLE INVOLVED							
Registration No	x	x	x	.	x	x	x
State	x	x	x	.	.	.	x
Make	.	x	x	.	.	.	.
Model	.	x	.	.	.	.	.
Type	x	.	.	.	.	.	x
Owners Name	.	x	.	.	.	.	.
Owners Address	.	x	.	.	.	.	.
Drivers Name	x	x	x	.	x	x	x
Drivers Address	x	x	x	.	x	x	.
Drivers Phone	.	x	.	.	.	.	.
No. of Persons in Vehicle	.	x	.	.	.	.	.
Name/Address Passengers	.	.	.	.	.	.	x
Describe Damage to Vehicle	.	x	.	.	.	.	.

* Claimant has to send Letter of Demand

Injury Section	ANALYSIS OF QUESTIONS ON CLAIM FORMS							Page	5
	QUESTION	VIC	NSW	SA	QLD *	WA	TAS	NT	
ALL OTHER VEHICLES									
Registration No	x	.	x	.	.	x	.	x	
State	x	.	.	.	.	.	.	.
Drivers Name	.	.	x	.	.	.	.	x
Drivers Address	.	.	x	.	.	.	.	x
TRAIN/TRAM									
Train	x	.	.	.	.	.	.	.
Train Line	x	.	.	.	.	.	.	.
Tram	x	.	.	.	.	.	.	.
Tram Route	x	.	.	.	.	.	.	.
POLICE/TRANSPORT AUTH.									
Did Police Attend	.	x	.	.	.	.	.	x
Was accident Reported	x	.	.	.	.	x	.	x
Station Reported to	.	x	.	.	.	x	.	x	
Officer	.	x	.	.	.	x	.	x	
Date reported	.	x	.	.	.	.	.	x
Time Reported	.	.	.	.	.	.	.	x
Statement Made	.	.	.	.	.	.	.	x
Police Action Pending	.	x	.	.	.	.	.	x
Against Whom	.	x	x	
Charge	.	x	
Court Venue	.	x	
AUTHORITY									
Supply Inform. from Doctors	.	.	x	

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TABLE 5

**INJURY CLAIM DATA
ENTERED IN COMPUTER**

Injury
Section

ANALYSIS OF QUESTIONS ON INJURY CLAIMS: ITEMS STORED ON COMPUTER

Page 1

QUESTIONS	VIC QUEST/COMP.		NSW QUEST/COMP.		SA QUEST/COMP.		QLD * QUEST/COMP.		WA QUEST/COMP.		TAS QUEST/COMP.		NT QUEST/COMP.	
STATEMENT OF CLAIM														
Name of Claimant	.	.	.	.	.	.	.	.	X	#	.	.	.	.
Date of Accident	.	.	.	.	.	.	.	.	X	#	.	.	.	.
Claim Made After 6 Mths	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Reason for Delay	.	.	.	.	.	.	.	.	.	.	.	.	X	.
DETAILS INJURED/DECEASED														
Full Name	X	#	X	#	X	#	.	.	X	#	X	.	X	#
Date of Birth	X	#	X	#	X	#	.	.	X	#	X	.	X	#
Age	.	.	.	.	.	.	.	.	X	#	X	.	X	#
Place of Birth	.	.	X	.	.	.	.	.	.	#	.	.	.	.
How long Resided in Tasmania	.	.	.	.	.	.	.	.	.	.	.	X	.	.
How Long in NT Prior to Acc.	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Relationship to Claimant	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Sex	X	#	X	#	X	#	.	.	X	#	.	.	X	#
Married Status	X	#	X	#	X	#	.	.	.	.	X	.	X	#
Date of Accident	X	#	.	.	.	.	.	.	.	.	.	.	X	#
Address/Post Code	X	#	X	#	X	#	.	.	X	#	.	.	X	#
Phones	X	#	X	#	X	#	.	.	.	.	X	.	X	#
Name Change/Alias	X	.	X	#	X	.	.	.	.	.	X	.	X	.
Communicate in English	.	.	X	.	.	.	.	.	.	.	.	.	X	.
Interpreter Required	X	#	.	.	.	.	X	.	.	.	.	.	.	.
Language Spoken	X	.	X	.	.	.	X	.	.	.	.	.	.	.
Driving Licence No.	X	#	X	#	.	.	.	.	.	.	.	.	X	.
Expiry Date	X	#	.	.	.	.	.	.	.	.	.	.	X	.
State of Issue	X	#	X	#	.	.	.	.	.	.	.	.	X	.
Period Held	X	#	.	.	.	.	.	.	.	.	.	.	X	.
Occupation	X	#	X	#	X	#	.	.	.	.	.	.	X	#
Name of Employer	X	.	.	.	X	#	.	.	X	#	.	.	X	.
Business Name	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Occurred During Employment	X	#	.	.	.	.	.	.	.	.	.	.	X	.
Occurred On Way To Employment	X	#	.	.	.	.	.	.	.	.	.	.	X	.
Weekly Income	.	.	.	.	X	.	.	.	.	.	.	.	X	.
Spouse Working	.	.	.	.	.	.	.	.	.	.	.	.	X	.
If Unemployed Work History:-														
Previous Period Worked	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Previous Employer	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Previous Occupation	.	.	.	.	.	.	.	.	.	.	.	.	X	.
No. of Dependents	.	.	.	.	X	.	.	.	.	.	.	.	X	.
Dependents Name	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Dependents Date of Birth	.	.	.	.	.	.	.	.	.	.	.	.	X	.
Dependents Relationship	.	.	.	.	.	.	.	.	.	.	.	.	X	.

* Claimant has to send Letter of Demand

TABLE 5

FORM/COMPUTER

Injury Section

ANALYSIS OF QUESTIONS ON INJURY CLAIMS: ITEMS STORED ON COMPUTER

QUESTIONS

	VIC QUEST/COMP.		NSW QUEST/COMP.		SA QUEST/COMP.		QLD * QUEST/COMP.		WA QUEST/COMP.		TAS QUEST/COMP.		NT QUEST/COMP.	
INJURY DETAILS														
Describe Injuries	x	#	x	#	x	#			x	#	x		x	#@
List Symptoms/Restrictions	.		x		.				.		.		.
Date of Death	x	#	.		.				.		.		x	
PREVIOUS MEDICAL CONDITION														
Prior Physical Disabilities	x	#	x	#	x				.		x		x	
Prior Claims - Years	x		x	#	x				x	#	.		x	
Date of Injury	x		x	#	x				x	#	.		x	
Nature of Injury	.		x	#	x				x	#	.		.	
Type of Claim	x		x	#	.				.		.		x	
Name of Doctor/Physio.	.		.		.				.		.		.
Period Off Work	.		.		x				.		.		.	
Name of Person Responsible	.		.		x				.		.		.	
Address	.		.		x				.		.		.	
Type of Road User were you	.		.		x				.		.		.	
Surname at Time Prev.Acc.	.		.		.				x	#	.		.	
If Under 18 Parents:-														
Full Name	.		.		x				.		.		.	
Address	.		.		x				.		.		.	

* Claimant has to send Letter of Demand

@ Recorded by Narrative and by Numeric Code

QUESTIONS	VIC QUEST/COMP.	NSW QUEST/COMP.	SA QUEST/COMP.	QLD * QUEST/COMP.	WA QUEST/COMP.	TAS QUEST/COMP.	NT QUEST/COMP.
TREATMENT DETAILS							
Ambulance Required	.	x	.	.	.	x	.
Address Ambulance Stn	.	.	.	.	.	x	.
Attend Hospital	.	x	#	x	x	#	x
Admitted to Casualty **	.	.	.	.	.	.	.
Treated	.	.	.	.	.	.	x
Name Hospital	.	x	.	x	.	.	x
Date of Attendance	.	x	.	.	x	#	x
Admitted to Hospital	.	x	#	.	.	.	x
Date of Admission	.	x	.	.	.	x	x
Date of Discharge	.	.	.	.	.	.	x
Date First Treatment	x	.	.	.	.	x	x
Name of Doctor/Provider	.	x	.	.	.	.	.
Address Doctor/Provider	.	x	.	x	#	x	x
Still Being Treated	.	.	.	.	#	x	x
How Long to Continue	.	.	.	.	.	x	.
Rehab. Undertaken/Recomm.	.	x	.	.	x	x	.
Details Rehabilitation	.	x	.	.	.	.	.
LOSS OF EARNINGS DETAILS							
Weekly Earnings	x	x	#	x	#	.	x
Dates Absent from Work	x	x	.	x	.	x	x
Date of Return to Work	x	x	#	.	.	x	.
Earnings Certificate Requested	x	x	.	.	.	x	x
Medical Certificate Requested	x	x	.	.	.	x	.

Footnote: ** Note use of term 'Admitted'.

* Claimant has to send Letter of Demand

QUESTIONS	VIC QUEST/COMP.		NSW QUEST/COMP.		SA QUEST/COMP.		QLD * QUEST/COMP.		WA QUEST/COMP.		TAS QUEST/COMP.		NT QUEST/COMP.	
ACCIDENT DETAILS														
Date of Accident	x	#	x	#	x	#	.	.	.	.	x	.	x	#
Day	x	#	.	.	x	.	.	.	.	.	x	.	x	.
Time	x	#	x	#	x	.	.	.	.	.	x	.	x	.
Location	x	#	x	#	x	.	.	.	.	.	x	.	x	.
Describe Accident	x	#	x	.	x	#	.	.	x	#	x	.	x	#
Type of Road User	x	#	x	#	x	#	.	.	x	#	x	.	x	#
Was Injured Racing etc.	x	#	.	.	.	.	.	.	.	.	x	.	x	#
Weather Conditions	.	.	x	.	.	.	.	.	.	.	.	.	.	.
Drugs/Alcohol Consumed Prior:-	.	.	.	.	.	.	.	.	.	.	.	.	.	.
12 hours	.	.	x	#	.	.	.	.	.	.	.	.	.	.
24 Hours	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Blood/Alcohol Test Taken	.	.	.	.	x	#	.	.	.	.	.	.	.	.
Wearing Seat Belt	.	.	x	#	x	#	.	.	.	.	x	.	x	.
Wearing Helmet	.	.	x	#	x	#	.	.	.	.	.	.	x	.
Who was Responsible	.	.	x	.	.	.	.	.	.	.	.	.	.	.
DIAGRAMS														
i) Sketch of Location & Road User Movement	x	.	x	.	.	.	.	.	.	.	x	.	x	.
ii) Indicate on Diagram Provided	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Points of Impact	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Damaged Areas on	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Your Vehicle	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Other Vehicle	.	.	.	.	.	.	.	.	.	.	.	.	.	.
iii) Indicate on Diagram Provided	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Seating Position of Passengers & Injured Persons	x	#	.	.	x	#	.	.	.	.	x	.	x	.
WITNESSES														
Name	x	.	x	#	.	.	.	.	x	#	.	.	.	.
Address	x	.	x	#	.	.	.	.	x	#	.	.	.	.
Phones	.	.	x	#	.	.	.	.	.	.	.	.	.	.
VEHICLE INVOLVED														
Registration No	x	#	x	#	x	.	.	.	x	#	x	.	x	#
State	x	.	x	#	x	.	.	.	.	.	.	.	x	#
Make	.	.	x	#	x	.	.	.	.	.	.	.	.	.
Model	.	.	x	#	.	.	.	.	.	.	.	.	.	.
Type	x	#	.	.	.	.	.	.	.	.	.	.	x	.
Owners Name	.	.	x	#	.	.	.	.	.	.	.	.	.	.
Owners Address	.	.	x	#	.	.	.	.	.	.	.	.	.	.
Drivers Name	x	#	x	#	x	.	.	.	x	#	x	.	x	#
Drivers Address	x	#	x	#	x	.	.	.	x	#	x	.	x	#
Drivers Phone	.	.	x	#	.	.	.	.	x	#	x	.	.	.
No. of Persons in Vehicle	.	.	x	.	.	.	.	.	.	.	.	.	.	.
Name/Address Passengers	.	.	.	.	.	.	.	.	.	.	.	.	x	.
Describe Damage to Vehicle	.	.	x	.	.	.	.	.	.	.	.	.	.	.

* Claimant has to send Letter of Demand

Injury
Section

ANALYSIS OF QUESTIONS ON INJURY CLAIMS: ITEMS STORED ON COMPUTER

QUESTIONS	VIC QUEST/COMP.	NSW QUEST/COMP.	SA QUEST/COMP.	QLD * QUEST/COMP.	WA QUEST/COMP.	TAS QUEST/COMP.	NT QUEST/COMP.
ALL OTHER VEHICLES							
Registration No	x	.	x	.	.	x	x #
State	x	.	.	.	.	.	.
Drivers Name	.	.	x	.	.	.	x #
Drivers Address	.	.	x	.	.	.	x #
TRAIN/TRAM							
Train	x	.	.	.	.	.	.
Train Line	x	.	.	.	.	.	.
Tram	x	.	.	.	.	.	.
Tram Route	x	.	.	.	.	.	.
POLICE/TRANSPORT AUTH.							
Did Police Attend	.	x	#	.	.	.	x
Was accident Reported	x	.	.	.	.	.	x
Station Reported to	.	x	#	.	.	x	x
Officer	.	x	#	.	.	x	x
Date reported	.	x	#	.	.	x	x
Time Reported	.	.	.	.	.	.	x
Statement Made	.	.	.	.	.	.	x
Police Action Pending	.	x	.	.	.	.	x
Against Whom	.	x	.	.	.	.	x
Charge	.	x	.	.	.	.	x
Court Venue	.	x	.	.	.	.	.
AUTHORITY							
Supply Inform. from Doctors	.	.	x	.	.	.	.

* Claimant has to send Letter of Demand

TABLE 6.1
USE OF POLICE REPORTS

TABLE 6.2
**INFORMATION FROM OTHER
SOURCES**

TABLE 6.3
INJURY CODES

TABLE 6.1**USE OF POLICE REPORTS**

Victoria	-	access to Police database.
Northern Territory	-	access to Police database.
Tasmania	-	receives photocopy of Police report from Department of Roads and Transport.
South Australia	-	regular and automatic access to police records. Weekly interrogation of database.
Western Australia	-	regularly send list to police and gets hard copies of reports.
Queensland	-	makes regular use of hard copies of reports.
New South Wales	-	no regular arrangement.

TABLE 6.2**INFORMATION FROM OTHER SOURCES****(a) SOUTH AUSTRALIA**

In addition to the following information from the claim form they also record the following data -

1. Plaintiff solicitor where applicable, this is taken from their letter of notice.
2. Defendant solicitor where applicable, taken from our notice to them to act on our behalf.
3. Report date of injury, this detail is from the Accident Report Form, Claim for Injury Form or solicitor's letter.
4. Pay rate of claimant, is obtained from taxation/employer records.
5. Assessor/Investigator, is taken from our file records.
6. Liability of claimant, this information is obtained from the Accident Report Form and is a subjective guess as to the estimated liability of the claimant. This information is updated on settlement to reflect the accurate contributory proportion of liability.
7. Treaty/Reinsurance/Dual Insurance, these details are obtained from Recovery Notices either received in or issued by SGIC.
8. The injuries code is determined and progressively edited in the computer as various medical reports are received.

(b) NORTHERN TERRITORY

<i>Item</i>	<i>Source</i>
Injured Person's - Name	Compensation Claim Form
- Address	Compensation Claim Form
- Sex	Compensation Claim Form
- Date of Birth	Compensation Claim Form
- Employment Status	Compensation Claim Form
- Social Security	Compensation Claim Form
- Injury	Compensation Claim Form
Accident Circumstances (RUM Code)	Police Report
Road User	Compensation Claim Form and Police Report
Accident Location	Compensation Claim Form and Police Report
Vehicle Owner's - Name	Accident Form/MVR/Police Report
- Address	Accident Form/MVR/Police Report
Vehicle Driver's - Name	Accident Form/MVR/Police Report
- Address	Accident Form/MVR/Police Report
Vehicle Registration	Accident Form/MVR/Police Report
State	Accident Form/MVR/Police Report
Class Type	Accident Form/MVR/Police Report
Third Party Vehicles	Accident Form/MVR/Police Report
Rehabilitation	Administration Only

(c) NEW SOUTH WALES

In addition to the items from the claim form the following are items put on the Motor Accidents Authority file.

- Did vehicle have T.P. insurance
- Was it a 'normal' defendant case
- For the vehicle, what was the RTA account number
- For the vehicle, what was V.I.N. or chassis number
- What was the insurance rating category of the vehicle
- Normal garaging location
- Was registration private/corporate/government
- Was there a demonstrable injury
- Rehabilitation indicator
- Is claim litigated and what level
- Did claimant die, if so date of death
- Injury code (from form, medical certificate and other)
- Did insurer reject liability
- Was this a shared claim (i.e. shared between insurers)
- Was legal representation made with the claim
- Detail of payments made (except bulk bills)

(d) VICTORIA

See Table 9 in the Appendix.

(e) TASMANIA

No response.

(f) QUEENSLAND

No information is put on computer.

(g) WESTERN AUSTRALIA

No additional sources listed.

TABLE 6.3

INJURY CODES

(a) Injury Codes USED BY SGIC (SOUTH AUSTRALIA)

Injury Type - 3 characters (Area/Type/Result)

First Character	Second Character	Third Character	
A - Brain	A - Asphyxiation	A - Fatal	
B - Head & Face	B - Penetrating Injury	B - Brain Damage	
C - Neck (incl. Cervical Spinal Cord)	C - Amputation	C - Quadriplegic	
D - Internal organ (heart, lungs, major blood vessels)	D - Rupture	D - Paraplegic	
E - Trunk, (ribs, thoracic spinal cord)	E - Burns	E - Sight/blindness (incl. partial)	
F - Shoulder, upper limbs	F - Fracture	F - Loss of hearing, taste, smell (incl. partial)	
G - Internal abdominal organs	G - Dislocation	G - Up to 10% loss of use	without Neuro
H - Abdomen (incl. lumbar & lumbar spinal cord)	H - Concussion	H - 11-20% loss of use	
I - Pelvis (incl. genital organs)	I - Lacerations	I - 21-30% loss of use	
J - Hip and thigh	J - Sprains (incl. whiplash neck)	J - 31-40% loss of use	
K - Knee, lower leg	K - Bruising/Abrasions	K - 41-50% loss of use	
	Z - Others	L - over 50% loss of use	with Neuro
		M - no residual disability	
		N - Up to 10% loss of use	
		O - 11-20% loss of use	
		P - 21-30% loss of use	
		R - 41-50% loss of use	
		S - over 50% loss of use	
		T - No residual disability	
		Z - Not yet determined	

TABLE 6.3**(b) Injury Codes USED BY TIO (NORTHERN TERRITORY)**

Code	Description
001	Death
002	Head Injuries - Brain (minor)
003	Head Injuries - Brain (major)
004	Head Injuries - Concussion
005	Head Injuries - Facial Fracture
006	Head Injuries - Jaw/Teeth
007	Head Injuries - Skull Fracture
008	Head Injuries - Double Vision
009	Head Injuries - Tinnitus
010	Leg Injuries - Ankle Fractures
011	Leg Injuries - Tibia/Fibula
012	Leg Injuries - Femur Fractures
013	Leg Injuries - Patella Fracture
014	Leg Injuries - Leg Amputation
015	Leg Injuries - Foot and Toe
016	Leg Injuries - Knee
017	Leg Injuries - Leg Other
018	Arm Injuries - Wrist Fractures
019	Arm Injuries - Radius/Ulna Fracture
020	Arm Injuries - Humerus Fractures
021	Arm Injuries - Arm Amputation
022	Arm Injuries - Elbow
023	Arm Injuries - Brachial Plexus
024	Arm Injuries - Arm Other
025	Arm Injuries - Hand and finger
026	Spinal Injuries - Whiplash
027	Spinal Injuries - Back Injury
028	Spinal Injuries - Paraplegics
029	Spinal Injuries - Quadriplegic
030	Lacerations - Facial
031	Lacerations - Other
032	Eye Injuries - Loss of Sight
033	Eye Injuries - Lacerations
034	Eye Injuries - Other
035	Body Fractures - Collar bone
036	Body Fractures - Rib
037	Body Fractures - Sternum
038	Body Fractures - Pelvis
039	Body Fractures - Hip
040	Internal Injuries - Spleen
041	Internal Injuries - Kidney
042	Internal Injuries - Other

TABLE 6.3**(b) Injury Codes USED BY TIO (NORTHERN TERRITORY)**

Code	Description
043	Multiple Bruising
044	Psychological Complaints
045	Burns - Major
046	Burns - Minor
047	Unknown Injuries
048	Head and Upper Limb Injury
049	Head and Lower Limb Injury
050	Head and Spinal Injury
051	Head and Other Injury
052	Spinal and Other Injury
053	Loss of Fetus
054	Minor Injuries
055	Fractures - Other

TABLE 7

**QUALITY OF RESPONSES
NSW CLAIMS**

TABLE 7
ANALYSIS OF PERSONAL INJURY CLAIM FORMS - NSW

		<u>138 Accidents</u>		<u>164 Claimants</u>	
1. LOCATION					
LINK	NOT	61	.....	74	.....
	OK	5	66	7.6%	9
					10.8%
INTER	NOT	19	.....	22	.....
	OK	51	70	72.9%	57
					72.1%
NON ROAD		2	.....	2	.....
		<u>138</u>		<u>164</u>	
2. OCCUPATION					
	BLANK	7	.....	12	.....
	UNEMPLOYED	6	.....	7	4.3%
	BALANCE	125	.....	145	.....
		<u>138</u>		<u>164</u>	
3. ALCOHOL					
<i>A. RIDER/DRIVER CONSUMED</i>					
	YES	2	.....	3	4.1%
	QUANTITY GIVEN	2	.....	3	.....
	NO	60	.....	66	.....
	BLANK	3	.....	4	.....
* 1ST BOX		51	.....	56	76.7%
2ND BOX		1	.....	1	.....
BOTH		11	.....	13	.....
NONE		2	65	3	73
<i>B. PASSENGER CONSUMED</i>					
	YES	9	.....	10	13.2%
	QUANTITY GIVEN	7	.....	8	.....
	NO	46	.....	62	.....
	BLANK	3	.....	4	.....
1ST BOX		7	.....	10	.....
2ND BOX		5	.....	5	.....
* BOTH		45	.....	59	77.6%
NONE		1	58	2	76
<i>C. PEDESTRIAN CONSUMED</i>					
	YES	1	.....	1	6.7%
	QUANTITY GIVEN	1	.....	1	.....
	NO	11	.....	11	.....
	BLANK	3	.....	3	.....
1ST BOX		11	.....	11	.....
BOTH		1	.....	1	.....
NONE		3	15	3	15

ANALYSIS OF PERSONAL INJURY CLAIM FORMS

4. DESCRIPTION OF ACCIDENT

OK	112	.....	81.1%	128	78.0%	.....
NOT	20	.....	.....	28	.....	.....
NONE	6	.....	.....	3	.....	.....

5. SKETCH

NONE	16	.....	.....	19	.....	.....
OK	112	.....	81.1%	129	78.7%	.....
NOT	10	.....	.....	16	.....	.....
DIDN'T SHOW PRIOR	2	.....	.....	2	.....	.....
DIDN'T SHOW SUBSEQUENT	7	.....	.....	11	.....	.....

6. VEHICLES

A. SINGLE VEH, MAKE/MODEL

YES	22	.....	64.7%	26	.....	68.4%
NO	12	34	.....	12	38	.....

B. MULTIPLE VEH, MAKE/MODEL

VEH 1	YES	102	.....	98.1%	121	.....	96.0%
	NO	2	104	.....	5	126	.....
VEH 2	YES	89	.....	85.6%	105	.....	83.3%
	NO	15	104	.....	21	126	.....
OTHERS	YES	8	.....	.....	10	.....	.....
	NO	3	11	.....	3	13	.....

IS CLAIMANT VEH 1

YES	90	.....	86.5%	109	.....	86.5%
NO	14	.....	.....	17	126	.....

7. NO. OF OCCUPANTS GIVEN

	YES	NO		YES	NO	
VEH 1	119	19	86.2%	140	24	85.4%
VEH 2	70	34	67.3%	85	41	67.5%
OTHER VEHS	5	6	.....	6	6	.....

8. DAMAGE

VEH 1	RESPONSE	111	.....	80.4%	130	.....	79.3%
	NO RESPONSE	27	138	.....	34	164	.....
VEH 2	RESPONSE	74	.....	71.1%	87	.....	62.0%
	NO RESPONSE	30	104	.....	39	126	.....
OTHER VEHICLES							
	RESPONSE	4	.....	.....	5	.....	.....
	NO RESPONSE	7	11	.....	8	.....	.....

ANALYSIS OF PERSONAL INJURY CLAIM FORMS

9. INJURY DETAILS

RESPONSE	135			161		
		
NO RESPONSE	3		138			164

10. TREATMENT

AMBUL.	YES	83			60.1%	101			61.6%
	
	NO	54		138		60			.....
	
	NONE	1		138		3		164	.....
	

11. ATTEND HOSPITAL

YES	101			124			75.6%

NO	33		138	35		164	.....

NONE	4		138	5		164	.....

NAME HOSPITAL

YES	105			128		
		
NO	33		138	35		164
					

DATES

YES	81			77.1%	97			75.6%

NO	24		105		31		128	.....

12. ADMITTED

YES	64			77			47.0%

NO	67		138	78		164	.....

NONE	7		138	9		164	.....

13. NAMES DOCTORS HOSPITAL ADDRESS OTHER ADDRESSES NO ADDRESSES

9			14		
.....				
22		76	26		88
.....					
45		76	48		88
.....					

14. REHABILITATION

YES	DETAILS	65			72		
			
	NO DETAILS	5		138	5		164
	
NO		49		138	64		164
	
BLANK	DETAILS	12		138	13		164
	
	NO DETAILS	7		138	10		164
	
YES/BLANK	DETAILS	82		138	59.4%		90
		.....			.....		54.9%

ANALYSIS OF PERSONAL INJURY CLAIM FORMS

15. DRIVERS	54	.....	.....	62	.....	.....
RIDERS	11	.....	.....	11	.....	.....
PASSENGERS	57	.....	.....	75	.....	.....
PILLION	1	.....	.....	1	.....	.....
PEDESTRIAN	15	.....	.....	15	.....	.....
	<u>138</u>			<u>164</u>		
16. OCCUPATION						
i BLANK		.....	.....	12	.....	.....
ii NOT EMPLOYED		.....	.....		.....	.....
UNEMPLOYED		.....	.....	7	.....	.....
HOME DUTIES		.....	.....	28	.....	.....
PENSIONER/RETIRED		.....	.....	18	.....	.....
STUDENT		.....	.....	9	.....	.....
CHILD		.....	.....	3	.....	.....
iii BALANCE		.....	.....	87	.....	.....
				<u>164</u>		

TABLE 8

**QUALITY OF RESPONSES
VIC CLAIMS**

TABLE 8

TAC - NUMBER OF CLAIMS - VIC

VEHICLES	(a) ONE VEHICLE ACCIDENTS					(b) INDETERMINANT NUMBER OF
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	TOTAL	CLAIM 1
DATE OF BIRTH						
OK	93	5	2	1	101	21
NOT OK	.....	.....	.....	.....	0	0
TREATMENT DATE						
OK	82	5	1	1	89	19
NOT OK	2	.....	1	.....	3	2
BLANK	9	.....	.....	.....	9	0
INJURY DETAILS						
BLANK	3	.....	.....	.....	3	0
LAY TERMS	80	5	2	1	88	11
MED TERMS	10	.....	.....	.....	10	8
SEE MED CERT.	.....	.....	.....	.....	0	1
SEE POLICE REPORT	.....	.....	.....	.....	0	1
OCCUPATION						
BLANK	12	1	.....	.....	13	3
GIVEN OCCUPATION	56	2	.....	.....	58	7
NOT EMPLOYED						
* UNEMPLOYED	4	.....	1	.....	5	3
* HOME DUTIES/HOUSEWIFE	2	.....	.....	.....	2	2
* PENSIONER(VAR)/RETIRED	7	1	.....	.....	8	4
* STUDENTS	12	1	1	1	15	2
* CHILD	.....	.....	.....	.....	0	0

VEHICLES	(a) ONE VEHICLE ACCIDENTS					TOTAL	(b) INDETERMINANT NUMBER OF
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	CLAIM 1		
SELF EMP/EMPLOYEE							
RESPONSE	41	3	.....	.....	44	7
NO RESPONSE	52	2	2	1	57	14	
DID ACCIDENT OCCUR DURING EMPLOYMENT							
YES	10	.....	.....	.....	10	2
NO	76	5	1	.....	82	18
NO RESPONSE	7	.....	1	1	9	1
DID ACCIDENT OCCUR TO/FROM EMPLOYMENT							
YES	13	.....	.....	.....	13	2
NO	70	5	1	.....	76	18
NO RESPONSE	10	.....	1	1	12	1
LOSS OF EARNINGS (ONLY IF CLAIMED)							
NO ENTRY	67	5	2	1	75	16	
INCOMPLETE ENTRY	16	.....	.....	.....	16	5
COMPLETE ENTRY	10	.....	.....	.....	10	0
ACCIDENT DETAILS							
DATE OK	91	5	2	1	99	21	
NOT OK	1	.....	.....	.....	1	0
BLANK	1	.....	.....	.....	1	0
DAY RESPONSE	92	5	2	1	100	21	
BLANK	1	.....	.....	.....	1	0
TIME OK	78	4	2	1	85	17	
NOT OK	12	1	.....	.....	13	1
BLANK	3	.....	.....	.....	3	3

VEHICLES	(a) ONE VEHICLE ACCIDENTS					TOTAL	(b) INDETERMINANT NUMBER OF
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	CLAIM 1		
LOCATION							
LINK							
NOT OK	51	3	2	1	57	11	
OK	22	1			23	0	
INTERSECTION							
NOT OK	4	1			5	0	
OK	13				13	5	
NON-ROAD	3				3	0	
POST CODE ENTERED							
YES	53	3	2	1	59	8	
NO	40	2			42	13	
SEE POLICE REPORT					0	5	
DESCRIPTION OF ACCIDENT							
OK	70	4	2	1	77	0	
NOT OK	22	1			23	3	
NONE					0	3	
SEE POLICE REPORT	1				1	15	
SKETCH							
NONE	14	1	1	1	17	7	
OK	57	3	1		61	0	
NOT	22	1			23	14	
(DIDN'T SHOW PRIOR	14	1			15	1	
(DIDN'T SHOW SUBSEQUENT	11	1			12	1	
SEE POLICE REPORT	3				3	13	

VEHICLES	(a) ONE VEHICLE ACCIDENTS					(b) INDETERMINANT NUMBER OF
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	TOTAL	CLAIM 1
ROAD USER						
DRIVER	41	.....	.....	.....	41	7
PASSENGER	11	4	1	.....	16	5
MOTORCYCLIST	10	.....	.....	.....	10	2
M/C PILLION PASSENGER	1	.....	.....	.....	1	0
CAR PASS. AS PILLION PASS.	1	.....	.....	.....	1	0
CYCLIST	8	.....	.....	.....	8	0
PEDESTRIAN	12	.....	.....	.....	12	3
OTHER	1	.....	.....	.....	1	0
BLANK	8	1	1	1	11	4
POSITION IN VEH DIAGRAMS						
OK	53	4	2	1	60	6
NOT OK	.....	.....	.....	.....	.....	.....
INCORRECTLY MARKED	4	.....	.....	.....	4	0
DOES NOT MATCH ROAD USER	.....	.....	.....	.....	0	0
BLANK	36	1	.....	.....	37	15
PEDESTRIAN	13	.....	.....	.....	13	0
CYCLIST	8	.....	.....	.....	8	0
TYPE OF VEHICLE						
CAR/TRUCK/BUS	34	3	1	.....	38	5
SEDAN/MOTORCYCLE	.....	.....	.....	.....	.....	.....
MAKE	23	1	.....	.....	24	3
(FORD, HOLDEN ETC)	.....	.....	.....	.....	.....	.....
OTHER	5	.....	.....	.....	5	1
MARKED AS CAR	.....	.....	.....	.....	0	0
SH/BE M/CYCLE	.....	.....	.....	.....	.....	.....
BLANK	31	1	1	1	38	5

VEHICLES	(a) ONE VEHICLE ACCIDENTS					(b) INDETERMINANT NUMBER OF
MULTIPLE VEH ACC.						
YES	.....	.....	.....	.....	0	2
NO	93	5	2	1	101	0
UNKNOWN	.....	.....	.....	.....	0	19
AND OTHER VEHS ENTERED						
YES	.....	.....	.....	.....	0	2
NO	93	5	2	1	101	0
CONTACT POLICE (SEE POLICE REPORT)	.....	.....	.....	.....	0	2
BLANK	.....	.....	.....	.....	0	17

TABLE 8

TAC - NUMBER OF CLAIMS

(c) TWO VEHICLE ACCIDENTS

	1st VEHICLE				1st VEHICLE	2nd VEHICLE	OVERALL
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	TOTAL	CLAIM 1	TOTAL
DATE OF BIRTH							
OK	104	11	3	2	120	1	121
NOT OK	2	2			4	0	4
	<u>106</u>				<u>124</u>		<u>125</u>
TREATMENT DATE							
OK	91	10	3	2	106	1	107
NOT OK	2				2	0	2
BLANK	13	3			16	0	16
	<u>106</u>				<u>124</u>		<u>125</u>
INJURY DETAILS							
BLANK	7				7	0	7
LAY TERMS	88	12	3	1	104	1	105
MED TERMS	10	1		1	12	0	12
SEE MED CERT.	1				1	0	1
SEE POLICE REPORT					0	0	0
	<u>106</u>				<u>124</u>		<u>125</u>
OCCUPATION							
BLANK	8	3	1	1	13	13	26
GIVEN OCCUPATION	66	3			69	1	70
NOT EMPLOYED * UNEMPLOYED	9				9	0	9
* HOME DUTIES/HOUSEWIFE	6	2	1		9	9	
* PENSIONER(VAR)/RETIRED	8	2			10	10	
* STUDENTS	9	3	1	1	14	0	14
* CHILD					0	0	0
	<u>106</u>				<u>124</u>		<u>138</u>

(c) TWO VEHICLE ACCIDENTS

	1st VEHICLE				1st VEHICLE	2nd VEHICLE	OVERALL
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	TOTAL	CLAIM 1	TOTAL
SELF EMP/EMPLOYEE							
RESPONSE	46	3	.....	.....	49	1	50
NO RESPONSE	60	10	3	2	75	0	75
	<u>106</u>				<u>124</u>		<u>120</u>
DID ACCIDENT OCCUR DURING EMPLOYMENT							
YES	7	1	.....	.....	8	0	8
NO	84	11	3	2	100	1	101
NO RESPONSE	15	1	.....	.....	16	0	16
	<u>106</u>				<u>124</u>		<u>125</u>
DID ACCIDENT OCCUR TO/FROM EMPLOYMENT							
YES	29	2	.....	.....	31	0	31
NO	66	9	3	2	80	1	81
NO RESPONSE	11	2	.....	.....	13	0	13
	<u>106</u>				<u>124</u>		<u>125</u>
LOSS OF EARNINGS (ONLY IF CLAIMED)							
NO ENTRY	77	11	3	2	93	1	94
INCOMPLETE ENTRY	13	2	.....	.....	15	0	15
COMPLETE ENTRY	16	.....	.....	.....	16	0	16
	<u>106</u>				<u>124</u>		<u>125</u>
ACCIDENT DETAILS							
DATE OK	104	11	3	2	120	1	121
NOT OK	2	.....	.....	.....	2	0	2
BLANK	.....	2	.....	.....	2	0	2
	<u>106</u>				<u>124</u>		<u>125</u>

(c) TWO VEHICLE ACCIDENTS

		1st VEHICLE				1st VEHICLE	2nd VEHICLE	OVERALL
		CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4	TOTAL	CLAIM 1	TOTAL
DAY RESPONSE		106	12	3	2	123	1	124
	BLANK	.....	1	.....	.....	1	0	1
		106				124		125
TIME	OK	97	12	3	2	114	1	115
	NOT OK	8	.....	.....	.....	8	0	8
	BLANK	1	1	.....	.....	2	0	2
		106				124		125
LOCATION								
LINK								
	NOT OK	30	4	.....	.....	34	1	35
	OK	17	2	1	1	21	0	21
		47				55		56
INTERSECTION								
	NOT OK	8	1	.....	.....	9	0	9
	OK	51	6	2	1	60	0	60
		59				69		69
NON-ROAD								
		.....	.....	.....	.....	0	0	0
		59				69		69
POST CODE ENTERED								
	YES	53	9	2	2	66	1	67
	NO	53	4	1	.....	58	0	58
		106				124		125
SEE POLICE REPORT		.....	.....	.....	.....	0	0	0
		106				124		125

(c) TWO VEHICLE ACCIDENTS

DESCRIPTION OF ACCIDENT	1st VEHICLE				1st VEHICLE TOTAL	2nd VEHICLE CLAIM 1	OVERALL TOTAL
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4			
OK	90	12	3	2	107	0	107
NOT OK	14	1			15	1	16
NONE	2				2	0	2
SEE POLICE REPORT					0	0	0
	106				124		125
SKETCH							
NONE	3	1		2	6	0	6
OK	87	10	3		100	0	100
NOT	16	2			18	1	19
	106				124		125
(DIDN'T SHOW PRIOR	7	1			8	0	8
(DIDN'T SHOW SUBSEQUENT	5				5	0	5
SEE POLICE REPORT	2				2	1	3
ROAD USER							
DRIVER	64				64	1	65
PASSENGER	20	9	3	2	34	0	34
MOTORCYCLIST	8				8	0	8
M/C PILLION PASSENGER	1				1	0	1
CAR PASS. AS PILLION PASS.	1	1			2	0	2
CYCLIST					0	0	0
PEDESTRIAN					0	0	0
OTHER	2	1			3	0	3
BLANK	10	2			12	0	12
	106				124		125

(c) TWO VEHICLE ACCIDENTS

	1st VEHICLE				1st VEHICLE TOTAL	2nd VEHICLE CLAIM 1	OVERALL TOTAL
	CLAIM 1	CLAIM 2	CLAIM 3	CLAIM 4			
POSITION IN VEH DIAGRAMS							
OK	91	11	3	2	107	1	108
NOT OK	.....	.....	.....	.....	.....	.....	.....
INCORRECTLY MARKED	6	1	.....	.....	7	0	7
DOES NOT MATCH ROAD USER	1	.....	.....	.....	1	0	1
BLANK	8	1	.....	.....	9	0	9
PEDESTRIAN	.....	.....	.....	.....	0	0	0
CYCLIST	.....	.....	.....	.....	.....	0	.....
	106	.....	.....	.....	124	.....	125
TYPE OF VEHICLE							
CAR/TRUCK/BUS	51	8	3	2	64	0	64
SEDAN/MOTORCYCLE	.....	.....	.....	.....	.....	.....	.....
MAKE	37	4	.....	.....	41	1	42
(FORD, HOLDEN ETC)	.....	.....	.....	.....	.....	.....	.....
OTHER	2	.....	.....	.....	2	0	2
MARKED AS CAR	3	.....	.....	.....	3	0	3
SH/BE M/CYCLE	.....	.....	.....	.....	.....	.....	.....
BLANK	13	1	.....	.....	14	0	14
	106	.....	.....	.....	124	.....	124
MULTIPLE VEH ACC.							
YES	106	13	3	2	124	1	125
NO	.....	.....	.....	.....	0	0	0
UNKNOWN	.....	.....	.....	.....	0	0	0
	106	.....	.....	.....	124	.....	125
AND OTHER VEHs ENTERED							
YES	56	7	2	1	66	0	66
NO	47	6	1	1	55	0	55
CONTACT POLICE	3	.....	.....	.....	3	1	4
(SEE POLICE REPORT)	.....	.....	.....	.....	.....	.....	.....
BLANK	.....	.....	.....	.....	0	0	0
	106	.....	.....	.....	124	.....	125

TABLE 8

(d) SUMMARY, NO. OF CLAIMANTS

	ONE VEHICLE ACCIDENT	TWO VEHICLE		INDETERMINANT	TOTAL
	1st VEHICLE	1st VEHICLE	2nd VEHICLE	NUMBER OF VEHICLES	
DATE OF BIRTH					
OK	101	120	1	21	243
NOT OK	.....	4	.....	.....	4
					247
TREATMENT DATE					
OK	89	106	1	19	215
NOT OK	3	2	.....	2	7
BLANK	9	16	.....	.....	25
INJURY DETAILS					
BLANK	3	7	.....	.....	10
LAY TERMS	88	104	1	11	204
MED TERMS	10	12	.....	8	30
SEE MED CERT	.....	1	.....	1	2
SEE POLICE REPORT	.....	.....	.....	1	1
OCCUPATION					
BLANK	13	13	.....	3	29
GIVEN OCCUPATION	58	69	1	7	135
NOT EMPLOYED					
* UNEMPLOYED	5	9	.....	3	17
* HOME DUTIES/HOUSEWIFE	2	9	.....	2	13
* PENSIONER(VAR)/RETIRED	8	10	.....	4	22
* STUDENTS	15	14	.....	2	31
* CHILD	.....	.....	.....	.....	.....
SELF EMP/EMPLOYEE					
RESPONSE	44	49	1	7	101
NO RESPONSE	57	75	.....	14	146
DID ACCIDENT OCCUR DURING EMPLOYMENT					
YES	10	8	.....	2	20
NO	82	100	1	18	201
NO RESPONSE	9	16	.....	1	26
DID ACCIDENT OCCUR TO/FROM EMPLOYMENT					
YES	13	31	.....	2	46
NO	76	80	1	18	175
NO RESPONSE	12	13	.....	1	26

	ONE VEHICLE ACCIDENT 1st VEHICLE	TWO VEHICLE 1st VEHICLE	2nd VEHICLE	INDETERMINANT NUMBER OF VEHICLES	TOTAL
LOSS OF EARNINGS (ONLY IF CLAIMED)					
NO ENTRY	75	93	1	16	185
INCOMPLETE ENTRY	16	15		5	36
COMPLETE ENTRY	10	16			26
ACCIDENT DETAILS					
DATE OK	99	120	1	21	241
NOT OK	1	2			3
BLANK	1	2			3
DAY RESPONSE	100	123	1	21	245
BLANK	1	1			2
TIME OK	85	114	1	17	217
NOT OK	13	8		1	22
BLANK	3	2		3	8
LOCATION					
LINK					
NOT OK	57	34	1	11	103
OK	23	21			44
INTERSECTION					
NOT OK	5	9			14
OK	13	60		5	78
NON ROAD	3				3
SEE POLICE REPORT				5	5
DESCRIPTION OF ACCIDENT					
OK	77	107			184
NOT OK	23	15	1	3	42
NONE		2		3	5
SEE POLICE REPORT	1			15	16
SKETCH					
NONE	17	6		7	30
OK	61	100			161
NOT	23	18	1	14	56
(DIDN'T SHOW PRIOR	15	8		1	24
(DIDN'T SHOW SUBSEQUENT	12	5		1	18
SEE POLICE REPORT	3	2	1	13	19

	ONE VEHICLE ACCIDENT 1st VEHICLE	TWO VEHICLE 1st VEHICLE	2nd VEHICLE	INDETERMINANT NUMBER OF VEHICLES	TOTAL
ROAD USER					
DRIVER	41	64	1	7	113
PASSENGER	16	34		5	55
MOTORCYCLIST	10	8		2	20
M/C PILLION PASSENGER	1	1			2
CAR PASS. AS PILLION PASS.	1	2			3
CYCLIST	8				8
PEDESTRIAN	12			3	15
OTHER	1	3			4
BLANK	11	12		4	27
POSITION IN VEH DIAGRAMS					
OK	60	107	1	6	174
NOT OK					
INCORRECTLY MARKED	4	7			11
DOES NOT MATCH ROAD USER		1			1
BLANK	37	9		15	61
PEDESTRIAN	13				13
CYCLIST	8				8
TYPE OF VEHICLE					
CAR/TRUCK/BUS SEDAN/MOTORCYCLE	38	64		5	107
MAKE (FORD, HOLDEN ETC)	24	41	1	3	69
OTHER	5	2		1	8
MARKED AS CAR SH/BE M/CYCLE		3			3
BLANK	34	14		12	60
MULTIPLE VEH ACC					
YES		124	1	2	127
NO	101				101
UNKNOWN				19	19
AND OTHER VEHs ENTERED					
YES		66		2	68
NO	101	55			156
CONTACT POLICE (SEE POLICE REPORT)		3	1	2	6
BLANK				17	17



TABLE 9

TAC RECORD LAYOUT

TABLE 9

TYPE 1 RECORD LAYOUT - (TAC)

Field Description	Position	Format
Record word count	1-4	N
Incoverage indicator	5	N
Accident number	6	A8
Registration number	14	A7
Claim number	21	A8
Record type	29	N
Account type	30	N
WorkCare indicator	31	A1
Medical excess	32	A1
* Accident date	33	(T33,IB4.0)
Date claim reported to MAB	37	(T37,IB4.0)
Accident reported or not	41	A1
Vehicle type	42	A1
Power units of motor vehicle	43	A4
Claimant type	47	A2
Road user movement code	49	A2
Killed or injured indicator	51	N
Employment type	52	A1
Occupation code	53	A3
Age of claimant	56-57	N
Sex of claimant	58	A1
Period Licence held	59	A4
Injury groups (X5)	63	(T63,5[F2.0])
Municipality	73	A16
Local Government area	89	A4
Accident time	93-96	N
Accident day	97	A3
Archived indicator	100	A1
Number of claims received from same accident	101-102	N
Number of vehicles involved	103-104	N
Year of manufacture	105-106	N
Carrying capacity of motor vehicle	107-110	N
Make of motor vehicle	111	A6
Vehicle body type (coded)	117	A6
Filler	123-124	
Insurance class	125	A2
Risk zone	127	A1
Filler	128	
First medical (Claim) acceptance code	129	A3
* Associated date	132	(T132,IB4.0)
First medical (Claim) denial code	136	A3
* Associated date	139	(T139,IB4.0)
Current medical (Claim) acceptance denial code	143	A3
* Associated date	146	(T146,IB4.0)

Field Description	Position	Format
First income acceptance/denial code	150	A3
* Associated date	153	(T153,IB4.0)
Current income acceptance/denial code	157	A3
* Associated date	160	(T160,IB4.0)
Claimants postcode of residence	164	A4
Date of birth	168	(T168,IB4.0)
Impairment code	172	N
Impairment level	173-175	N
Impairment stabilisation code	176	A1
Injury codes (X5)	177	(T177,5[IX,F4])
TAAR code	202	A3
* Date of death	205	(T205,IB4.0)
Filler	209	
Blood alcohol level	210	A3
Marital status	213	A1
First contract	214	A1
Primary care	215	A1
Management code	216	A2
Final incapacity	218	A1
Impact code	219	A1
Licence status	220	A1
* Date application form received	221	(T221,IB4.0)
* Date computer record created	225	(T225,IB4.0)
* Common Law settlement date	229	(T229,IB4.0)
* Date file extracted	233	(233,IB4.0)
Recovery indicator	237	A1
Filler	238-248	
Hospital amount paid	249	(T249,IB8.2)
Ambulance amount paid	257	(T257,IB8.2)
Doctor's amount paid	265	(T265,IB8.2)
Compensation amount paid	273	(T273,IB8.2)
Housekeeper amount paid	281	(T281,IB8.2)
General amount paid	289	(T289,IB8.2)
Total amount paid	297	(T297,IB8.2)
Number of weeks LOE/LOEC paid	305	(T305,IB4.2)
Number of weeks housekeeper paid	309	(T309,IB2.0)
Filler	311-312	
Amount recovered	313	(T313,IB8.2)
Lump sum settlement amount	321	(T321,IB8.2)
Not actioned amount	329	(T329,IB8.2)
Number of payment records	337	(T337,IB4.0)
Registration type	341	A1
Vehicle weight (in kg)	342-347	N
Vehicle body type (Uncoded)	348	A6
Claimant's surname	354	A20
Claimant's initials	374	A2
Claimant's title	376	A4

Field Description	Position	Format
Postcode of vehicle garaging	380	A8
* Date medical certificate received (First if more than one)	388	(T388,IB4.0)
* Date certificate of earnings received (First if more than one)	392	(T392,IB4.0)

*** Decimal date = Number of days since 31/12/1989**

Sources - Claim forms
Police report form tape
Claims processing system