



THE LAW SOCIETY
OF NEW SOUTH WALES

Our ref: ICC:DHjl 1551996

22 June 2018

The Hon. Natalie Ward MLC
Committee Chair
Standing Committee on Law and Justice
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

By email: lawandjustice@parliament.nsw.gov.au

Dear Ms Ward,

2018 Review of the Compulsory Third Party insurance scheme

The Law Society welcomes the opportunity to provide a submission to the Standing Committee on Law and Justice ("Standing Committee") in relation to its 2018 review of the Compulsory Third Party insurance scheme ("2018 Review"). This submission has been prepared on the basis of input from the Injury Compensation Committee. The Law Society would be pleased to assist the Standing Committee by providing oral testimony to supplement this submission.

General concerns

The Law Society holds significant concerns with regard to both the operation of the current CTP insurance scheme and the role and structure of the scheme regulator. We consider it unacceptable that a number of claims are currently being dealt with in circumstances where claimants do not have access to appropriate and independent legal advice, which we view as being necessary given the complexities of the scheme. We note that according to data presented by the State Insurance Regulatory Authority ("SIRA"), only 19% of claimants in the new scheme have a legal representative¹, and consider that many of the fundamental problems with the current CTP scheme have occurred as a direct result of the decision to remove or significantly reduce the role of lawyers in the scheme.

We also note with concern the lack of widespread publication and advertising by SIRA in relation to:

- The benefits available to those injured in car accidents on or after 1 December 2017;
- the method and time limits associated with making a claim; and
- the impact of the 6-month and 2-year statutory cut-off periods on claimants.

¹ State Insurance Regulatory Authority, "New CTP scheme at a glance: From 1 December 2017 to 31 May 2018".

We submit that the lack of information provided by SIRA combined with the inadequate independent assistance afforded to claimants as they progress through the claims process has led to detrimental outcomes, and will continue to do so.

Increases in medical treatment

The Law Society notes the findings of the 2010 US Study titled "The US Experience with No-Fault Automobile Insurance: A Retrospective" (otherwise known as 'the Rand report'). This study concluded that no-fault/defined benefits schemes are more likely than fault-based schemes to lead to inflated scheme costs because of the higher utilisation, cost and frequency of medical treatments. In the Law Society's view there is a risk that this experience may be replicated in NSW, particularly as there are time pressures for those with "minor" injuries who are forced to access treatment quickly (within 26 weeks) and where there is potential lifetime coverage for medical treatment for those with more than minor injuries.

The Standing Committee may consider seeking information from SIRA relating to:

1. the proportion of the premium being retained by insurers for:
 - a. acquisition expenses;
 - b. case or claims management; and
 - c. profit;
2. the proportion of the premium spent on medical or rehabilitation treatment and how this compares to similar payments made over a similar period towards the end of operation of the CTP scheme under the *Motor Accidents Compensation Act 1999* ("the MAC Act");
3. the proportion of the premium being paid to or on behalf of the most seriously injured people;
4. the proportion of the premium going to SIRA for its administrative and decision making functions; and
5. whether (or how much) this distribution has changed between the old and new schemes.

Concerns in relation to dispute resolution

The Law Society considers that the SIRA CTP Dispute Resolution Service lacks appropriate structures, procedures and independence, and that many of the full-time staff making decisions in relation to disputes are not appropriately qualified, trained and experienced in dealing with CTP matters. Further, we note that the head of the Dispute Resolution Service is part of the senior executive team at SIRA, the scheme regulator. We submit that the Standing Committee may wish to consider whether the Dispute Resolution Service should be headed by an independent statutory or judicial officer.

We consider that the Standing Committee may be further assisted in achieving the objectives of its 2018 Review by seeking the following information from SIRA:

- **Statistics relating to internal reviews** – in particular, the number of initial decisions that have been made by insurers, the number of internal reviews that have been undertaken by insurers, and the outcomes of those internal reviews (in particular the number of internal reviews that changed the original decision made). Noting that lawyers are excluded from charging any legal costs with respect to internal reviews, the Law Society has grave concerns as to the value of any internal review process. The Standing Committee may also wish to request from SIRA the insurer's template and precedent letters sent to injured persons with the initial decision and the internal review.

We submit that this information will allow the Standing Committee to consider whether injured persons are being provided with timely and accurate information about their rights and ability to access justice;

- **Statistics relating to disputes** – in particular, the number and types of disputes being referred to SIRA’s Dispute Resolution Service and whether the current number of disputes indicate a likely surplus or deficit in comparison to estimates provided prior to the commencement of the scheme;
- **Procedures followed by SIRA when there is a discontinuance of a claim by the claimant** – in particular, what advice or support unrepresented claimants receive in relation to obtaining independent advice (including legal advice) before agreeing to any discontinuance of their claim with a corresponding loss of their rights; and
- **SIRA website content** – in particular, the extent to which the SIRA website content appropriately emphasises the role of lawyers in providing advice with respect to both statutory benefit and damages claims. This includes any suggestion by SIRA that the typical claimant can navigate a dispute – including being able to determine what is classified as a minor injury or considering an assessment of damages – without the involvement of a legal representative.

Personal Injury Tribunal

Noting the recent announcement of the Minister for Finance, Services and Property in relation to changes to the dispute resolution system under the workers compensation scheme, as well as the Standing Committee’s 2018 review of the Workers Compensation Scheme, the Law Society considers that the Standing Committee would also be assisted by obtaining the following information from SIRA:

- The cost of operating the motor accident Dispute Resolution System both under the MAC Act and the MAI Act;
- The average cost per dispute (under both the MAC Act and MAI Act) in comparison to other tribunals operating in New South Wales and in other jurisdictions;
- The efficiency of the dispute resolution system generally (under both the MAC Act and MAI Act) measured by the staff-to-disputes ratio;
- The quality of the dispute resolution system generally (under both the MAC Act and MAI Act) as measured by the number of complaints, the number of reviews or appeals or re-hearings;
- Whether the SIRA Dispute Resolution Service been measured in accordance with the standards set out in the Council of Australasian Tribunals Tribunal Excellence Framework 2017; and
- The level of customer or client satisfaction with the dispute resolution system (under both the MAC Act and MAI Act).

Response to the specific terms of reference

Please find below responses to the Standing Committee’s specific terms of reference for its 2018 review.

Whether it is achieving the NSW Government's stated objectives of:

- **increasing the proportion of benefits provided to the injured road users;**
- **reducing the time it takes to resolve a claim;**
- **reducing opportunities for claims fraud and exaggeration; and**
- **reducing the cost of green slip premiums.**

The Law Society is of the view that an appropriate evaluation and assessment of the system cannot be made until more comprehensive data is provided by SIRA. We note that SIRA currently release 'statistical' information on the CTP insurance scheme through periodical information sheets (known as 'New CTP scheme at a glance'), however we note that these documents do not include key information that would allow for an appropriate assessment of the scheme to be made. We acknowledge that the most recent version of the document (released at the end of May 2018) was more detailed than previous versions. We submit that the following information should be included in the 'New CTP scheme at a glance' documents, or alternatively in some alternative form:

- **No-fault (blameless) accidents** – due to the lack of clarity in the interaction between s 3.1(2) and Part 5 of the MAI Act, we submit that the number of these claims should be identified, monitored and reported separately;
- **Work related motor vehicle accidents** – due to the operation of s 3.35 of the *Workers Compensation Act 1987* and the Minister's announcement that this is to be retrospectively amended, we submit that the number of work-related motor accident claims should be identified, monitored and reported separately;
- **CTP Assist enquiries** – we submit that these should be reported on and appropriately categorised by the type of query and whether the outcome provided a satisfactory solution to the claimant;
- **Funeral expenses claims** – we note that 'compensation to relatives' claims are identified but that 'statutory funeral expense claims' are not, except in the context of total payments for funeral expenses. We note that these are two separate claims - the former is a common law claim and the latter is a claim for statutory benefits - and therefore should be monitored and reported separately. We also submit that effectiveness of the scheme could be monitored through a comparison between the number of deaths on NSW roads and the number of claims for funeral expenses, which are a no-fault benefit paid to almost every person killed on the roads;
- **Late claims** – we submit that details relating to the number of claims rejected or denied for being late (or for some other procedural defect) should be identified, monitored and reported on;
- **Denied liability claims** – we submit that the number of claims rejected or denied by the insurer due to liability being denied, as well as a categorisation of the reason for denying liability for those claims should be identified, monitored and reported on;
- **Treatment expenses** – we note that the May version of the 'new CTP scheme at a glance' document contains information relating to the amount paid for treatment expenses (including rehabilitation payments) for the first six months of operation of the current CTP insurance scheme, but does not provide comparative figures for treatment and rehabilitation expenses under the old scheme. We submit that this should be included so that the schemes can be more easily compared.
- **Alleged fraud claims** – we submit that the number of claims rejected or denied due to fraud, or alternatively the number of claims where the Insurer has alleged fraud on the part of the Claimant or a service provider, should be provided.

In addition, the Law Society is of the view that the Standing Committee would be assisted by obtaining information from SIRA that indicates the amount of the 'premium dollar' that goes to claimants; the amount that goes to medical and allied health professionals; the amount that goes to the insurers (in terms of acquisition, administrative and profit costs); and the amount that is used by SIRA for its own administrative decision-making functions. We note that this information was provided by SIRA when reforms to the motor accident compensation scheme were being considered.

We note our concern that on occasion the information published in the document has contained errors (that this was acknowledged by SIRA in the April version of the 'New CTP scheme at a glance' document), which has added to the difficulty in assessing the effectiveness of the scheme.

The Standing Committee may be assisted by seeking the following information from SIRA:

- The steps SIRA is taking to ensure the quality of data being provided by insurers;
- The steps insurers are taking to ensure the quality of data being entered and submitted;
- A copy of the data fields in the claims register provided for in s 10.25 of the MAI Act, as well as the data entry options for each of those fields and a copy of any manual or guidance material provided to Insurers to assist them in entering the data.

Whether there has been a reduction in claims frequency since 1 December 2017 and if so, the projected impact on premiums

Whilst the Law Society does not possess the most relevant information in relation to this issue, we note that from SIRA's May 2018 'New CTP scheme at a glance' document that 4,135 claims have been lodged in the first six months of the new CTP insurance scheme. We note that of those, 381 were claims made by persons the insurer considers to be 'at fault' and a further 1,875 claims where fault has not yet been determined. Information from the final four months of the previous CTP insurance scheme indicate that a total of 4,998 claims or accident notification forms were lodged (consisting of 3,771 claims in the three months to 30 November 2017, and an additional 1,227 accident notification forms). We submit that although there may be more than one reason as to why the number of claims relating to the new CTP insurance scheme is lower, on current trajectory they are significantly less than SIRA's actuarial forecasts that each year an additional 7,000 at fault road users would receive benefits for up to 6 months.

The impact of the new profit normalisation and risk equalisation mechanisms in controlling insurer profits

The Law Society is unable to respond to this issue as we do not have access to the relevant statistics from SIRA.

The effectiveness of the new CTP Assist and Dispute Resolution Services for statutory benefits claims

The Law Society considers that both the CTP Assist and Dispute Resolution Service are inappropriate and inadequate features of the new CTP insurance scheme.

In relation to the SIRA CTP Assist service, the experience of our members since the commencement of the new CTP scheme has been that claimants have not been provided with the most appropriate or most accurate advice in relation to their rights and entitlements, which has obvious and concerning detrimental consequences for those involved in the system. We have received anecdotal information from members that there have been significant gaps in the knowledge of some CTP Assist operators, and that information provided to some claimants has been inconsistently provided and, on some occasions, even incorrect. We consider this to be unacceptable, particularly noting the potential significant consequences for claimants who have been forced to rely on the service in substitution for appropriately independent and impartial advice from a lawyer.

We are of the view that the SIRA CTP Assist service as it currently operates is ineffective and incapable of providing claimants with the essential impartial advice and support needed as they progress their claim.

The Standing Committee may consider seeking information from SIRA in relation to the nature of the enquiries made to CTP Assist and the qualifications and experience of those persons working in the CTP Assist area. The Standing Committee may also wish to enquire as to whether any robust complaints handling department has been established within SIRA to determine or assess the quality of the assistance and/or advice that is provided by CTP Assist.

Our members have also provided us with letters from insurers to injured persons which contain incorrect and misleading information, or which excludes vital information (such as the strict time limits which apply to seeking internal, or other reviews of adverse decisions). We submit that the Standing Committee may consider seeking information from SIRA in relation to what steps the regulator is taking to ensure accurate information is being provided by insurers to all persons who make claims.

In relation to the Dispute Resolution Service ("DRS"), we consider that the service in its current form is unsuitable and incapable of effectively resolving disputes. We note that unlike other tribunals in Australia, the dispute resolution model utilised by SIRA lacks a number of essential aspects of an appropriate independent tribunal, including a dedicated component of full-time tribunal members appointed under statute, with relevant legal qualifications and appropriate experience in CTP matters. As we have previously submitted, we consider it necessary for any dispute resolution service to adhere to best practice principles and guidelines such as the Council of Australasian Tribunals, Tribunal Excellence Framework 2017.

It is our view that any dispute resolution service should be established by statute, headed by an independent statutory appointment or judicial officer and funded independently. We also consider it important for such a tribunal to utilise appropriate procedures, including publishing judgments, allowing for the availability of transcripts for proceedings to be made and, where necessary, provided with powers to issue legally enforceable subpoenas and/or certificates under s 128 of the *Evidence Act 1995* (NSW). This is necessary to ensure that decisions made by those presiding over disputes are made with a primary objective of resolving disputes in the most fair and appropriate manner possible, rather than seeking to resolve matters in a way that prioritises finalising the matter so that it does not proceed to claims or merits assessment. We consider that this is particularly important in relation to unrepresented claimants, who are the most vulnerable participants in the system.

Although we note that SIRA employs some full-time decision-making staff, we understand that some of these staff members do not have legal qualifications or relevant experience, and that as a result SIRA remains heavily dependent on external or sessional assessors. We further note that SIRA has been slow to establish its DRS and engage external claims assessors and merit reviewers.

We consider that the Standing Committee would be significantly assisted by requesting qualitative information from SIRA as to the operations of its Dispute Resolution Service – including the organisational chart of the Dispute Resolution Service; role descriptions of decision makers and other key staff members; and details of previous experience of Dispute Resolution Services staff in dealing with CTP matters.

The impact of the new minor injury definition, including on reducing fraudulent and exaggerated claims

The Law Society submits that the new minor injury definition has resulted in a significantly harsher treatment of claimants and we are concerned that this has resulted in some claimants not receiving benefits they are entitled to under the scheme. We note the high number of minor injury determinations (as a proportion of the total number of claims) in SIRA's May "New CTP scheme at a glance" document. Members have informed us that these figures reflect the highly variable quality of the minor injury determinations made by insurers under the current CTP scheme.

The Law Society is concerned that the quality of these decisions will continue to be variable, as claimants are required to navigate the system with significantly reduced access to independent legal advice and support and are completely beholden to the advice provided by insurers and the CTP Assist service.

The impact of the changes on minor physical and psychological injuries

The Law Society does not have access to the relevant statistics from SIRA in order to appropriately respond to this issue. We note that the information provided in the "New CTP Scheme at a Glance" document for May 2018 contains limited statistics about "minor" or "soft tissue" injuries, however we consider that these statistics are difficult to reconcile. For example, under the heading of "Claims lodged" the following figures appear:

- 381 at fault claims;
- 1,879 not at fault claims;
- 1,875 fault not yet determined claims; and
- 4,135 total claims.

Under the heading "Injuries", three figures are provided:

- 1,099 total claims with soft tissue injuries;
- 487 not at fault minor injury determinations by insurers (1,875 yet to be assessed); and
- 217 not at fault soft tissue injury claims determined as minor injury.

We note that the "injuries" figures do not add up to the figure of 4,135 total claims lodged. The statistics provided in the "New CTP Scheme at a Glance" documents interchangeably use the terminology of "minor injury" and "soft tissue injury", and we consider that it is unclear as to how these two terms are intended to be differentiated.

We also submit that it is unclear as to how the figure of 1,099 total claims with soft tissue injuries is determined. It is our view that if the figure for soft tissue injury determinations relate to those have been made by an insurer, that this should be clearly stated to ensure consistency with the information in the bullet points that follow it.

We consider that it may be more useful for a categorisation of “fault determination by insurer” to be used rather than “at fault claims”, which we submit more accurately reflects the statistic. It would also be of assistance to have a category for “mostly at fault” claims, which would create visibility of potential damages claims.

We submit that the following data may be more appropriate for inclusion in the “New CTP scheme at a glance” document:

“Injury determinations by insurer”

- Number of claims determined by insurer as minor injury (and the number of those which are soft tissue injuries);
- Number of claims determined by insurer as not being a minor injury;
- Number of claims with no injury determination; and
- Number of total claims.

We further submit that these figures could be supplemented with the following additional information:

- Number of insurer fault decisions referred to the SIRA DRS (including the percentage of decisions overturned); and
- Number of insurer minor injury decisions referred to the SIRA DRS (including the percentage of decisions overturned).
- Number of persons receiving benefits at six months post-accident and cut off from those benefits because of either:
 - a. an insurer’s fault decision;
 - b. an insurer’s minor injury decision; or
 - c. other decisions (example when a claimant has been charged with a serious driving offence).
- Number of persons whose benefits are cut off:
 - a. at 104 weeks post accident;
 - b. at 156 weeks post accident; and
 - c. at 260 weeks post accident.

Anecdotal information provided by Law Society members shows that the changes to the minor injury definition have made a major difference and have resulted in the reduction of damages claims by a significant amount.

The Law Society re-iterates its position that many of the injuries categorised as “minor” or “soft tissue” injuries within the meaning of s 1.6 of the MAI Act are in no way minor with regard to the impact of the injuries on the day-to-day life and/or employment of a claimant. We note that Law Society members have experienced numerous cases where insurers have classified injuries such as disc protrusions to the cervical or lumbar spine as a result of a motor accident as being “minor”, despite these injuries preventing a claimant from returning to employment at, or at periods approaching, the 26-week mark.

The return to work and recovery outcomes of the new statutory benefits scheme

The Law Society submits that more detailed statistics from SIRA are required to resolve this issue, and notes that a consideration is not currently made as to whether a return to work for a claimant has been "sustainable". The Law Society notes that measuring a "sustainable return to work" would provide better and more accurate information to determine the effectiveness of the scheme.

Further, we consider that it is fundamentally important that these statistics should not automatically be interpreted to indicate that the termination of weekly benefits at 26 weeks (or at any other time) necessarily equates to a successful return to work. The Law Society submits that this issue has resulted in significant difficulties in assessing the accuracy of return to work statistics available under the workers compensation scheme, and we consider it very important that that this is not replicated with the statistics under the current CTP insurance scheme.

The impact of the new reporting obligations on insurers which require them to report all new claims in real time to SIRA

The Law Society is unable to respond to this issue as we do not have access to the relevant statistics from SIRA.

Further issues for the Standing Committee to consider

The Law Society is aware that the Minister for Finance, Services and Property has recently announced his intention to retrospectively address the operation of s 3.35 of the *Workers Compensation Act 1987* as it applies to persons injured at work in a motor accident which we consider to be an important issue. In addition to this and the matters raised above, the Law Society submits that the Standing Committee may also wish to consider the following issues in relation to the operation of the new CTP insurance scheme.

Application of CTP insurance scheme to tourists

The Law Society notes that once a tourist who is entitled to benefits under the new CTP scheme leaves Australia, they lose entitlement to paid medical treatment and receive no payment for lost wages. We note that in these circumstances, if the tourist was injured due to someone else's fault, they are entitled to make a common law claim however we note that they are required to wait 20 months to do so and cannot recover the cost of their treatment as part of this claim. We submit that this is an unfair application of the system and should be rectified. Innocent injured tourists should be able to claim treatment, care and income support after they are repatriated home.

Anomaly with 'funeral' expenses and 'headstone' expenses

The Law Society notes that under the current CTP insurance scheme, 'reasonable' funeral expenses can be claimed for all persons killed in NSW in a motor vehicle accident, however if a claim is made for a headstone, it appears that this must be done by way of a separate common law claim. We note that under the workers compensation scheme, an amount of money is provided for a funeral (which currently is up to \$15,000) and that as a result this leads to a significantly smaller number of disputes. We submit that the process utilised in the workers compensation scheme alleviates significant stress and trauma for family members of the deceased, and we

are of the view that consideration should be given to a harmonised approach under both schemes.

The Law Society is also of the view that SIRA should make a greater effort to advertise the availability of funeral benefits to all persons killed or injured in motor accidents on NSW roads on a no-fault basis.

Clarification of availability of benefits in no-fault claims

Part 5 of the MAI Act appears to prevent the driver of a motor vehicle involved in a no-fault accident from recovering any benefits or damages at all (e.g. in circumstances where a driver has a heart attack at the wheel or a tree falls on top of a car being driven during a storm). We note that the interaction between Part 5 and s 3.1(2) of the MAI Act is currently unclear, and that significant disputation might be avoided if this was clarified.

Section 151Z of the Workers Compensation Act 1987

The Law Society acknowledges that steps are currently being taken to remedy issues likely to be faced by workers injured in motor accidents who are prematurely terminated from workers compensation benefits and who – under the current legislative scheme – are unable to subsequently revert to the lifetime medical treatment coverage that is otherwise available to claimants under the current CTP insurance scheme.

Despite this, the Law Society is not aware of any remedy proposed for problems that arise as a result of interaction with s 151Z of *the Workers Compensation Act 1987*. We note that these problems arise as the current CTP insurance scheme removes the right to claim damages for medical treatment and care (see sections 4.1 and 4.5 of the MAI Act) however we note that s 151Z requires the person pursuing the claim for damages to pay back all workers compensation payments out of the damages recovered.

We submit that there is currently nothing limiting the payback obligation only to those heads of damage which have actually been recovered. In the Law Society's view this is likely to mean that claimants will be required to pay back out of their third-party damages claim settlement or judgment money and any medical treatment and care expenses paid by the workers compensation insurer, despite the injured claimant being unable to recover damages for treatment and care as part of his or her damages claim under the new CTP insurance scheme.

Section 3.28(3) of the MAI Act

We note that s 3.28(3) of the MAI Act provides that a person at fault or with a minor injury may still be able to access statutory benefits for treatment and care if the treatment or care they are asking for will assist their recovery or return to work. The Law Society considers that this provision assists in ameliorating the harshness of the 26-week cut-off by allowing drivers, even those deemed 'at-fault' additional treatment. However, we note that if a person at fault has an injury that is not classified as being a minor injury, they are not able to access those additional statutory benefits. The drivers of vehicles involved in a no-fault (blameless) accidents are also unable to access these additional benefits, which includes examples such as a driver who has a heart attack at the wheel and crashes their car; or the rider of a motorbike knocked off their bike when a kangaroo jumps out and collides with them.

Determination of fraud matters

The Law Society has concerns that the increased focus by insurers and by SIRA on combating fraud has shifted attention away from a balanced and fair analysis of the features of each claim. We consider that the Standing Committee would be assisted in monitoring the level of fraud and exaggerated claims, and determining this issue by seeking the following information from SIRA and insurers:

- How many claims have been exempted (under both the MAC Act and the MAI Act) from assessment of the Dispute Resolution Service/Claims Assessment due to an insurer alleging that the claimant or someone connected with the claim has made a fraudulent claim and/or false or misleading statements in relation to the claim?
- How many of those exempt claims have settled by way of negotiation, and what are the average, highest, lowest and median levels of payment made on those occasions?
- How many of the exempt claims noted above have been assessed or determined by way of court proceedings, and what are the average, highest, lowest and median levels of payment made on those occasions?
- How many referrals by insurers under section 117 of the MAC Act to the New South Wales Police Force ("NSWPF") have been made?
- How many referrals by insurers under sections 6.40 and/or 6.41 of the MAI Act to the NSWPF have been made?
- How many prosecutions have been commenced under either section 117 of the MAC Act or sections 6.40 and 6.41 of the MAI Act?
- How many referrals to other agencies have been made by insurers for investigation and/or prosecution of allegedly fraudulent behaviour (for claims including Medicare, Centrelink, family benefits or taxation fraud)?
- How many prosecutions have arisen out of referrals to the agencies as noted above?
- What steps is SIRA taking to ensure that fraud is not being perpetrated by service providers and that over servicing by health and allied health practitioners does not occur in the new, no-fault scheme?

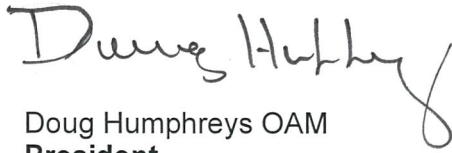
Other issues

Law Society members have reported issues with the verification requirements under the MAI Act. Anecdotal information provided by members has indicated that insurers require an "event number" to verify claims, but that the NSWPF refuse to provide this to claimants in certain circumstances, such as when police officers do not consider that a person has been injured. The Standing Committee may wish to consider this issue and seek information from SIRA in relation to what is being done to address this. We note that claims that fall within this category cannot progress, and an injured person cannot access benefits until such time as an insurer has verified it.

We note that data provided to the Law Society by SIRA indicates that there may be issues with being able to use the claim form. We note that of the 4,135 claims made as at 30 May 2018, in 14 of those claims the insurer has been unable to provide the age of the claimant and in 2,110 of the claims the insurer has been unable to provide data as to the occupation of the person. The Law Society notes that the claim form requires entry of both the date of birth and usual occupation of a claimant, and we submit that it is inappropriate that this information is not reported on appropriately by insurers.

The Committee thanks you for the opportunity to provide a submission. Should you have any queries with regard to this submission, please contact the Committee's Policy Lawyer, Jonas Lipsius at jonas.lipsius@lawsociety.com.au or on (02) 9926 0218.

Yours sincerely,

A handwritten signature in black ink that reads "Doug Humphreys". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Doug Humphreys OAM
President