

Claimant Certificate

Pursuant to section 18(1A) of the *Motor Accident Insurance Regulation 2018*. Statutory Declaration made pursuant to the *Oaths Act 1867*.

Notice to claimant

You are required to sign this certificate to the best of your knowledge in the presence of a Justice of the Peace, Commissioner for Declarations or lawyer. If you require further information about why you need to sign the certificate or have any concerns about the certificate, you should visit www.maic.qld.gov.au/for-injured-people.

I, of
in the State or Territory of , do solemnly and sincerely declare that:

1. I am the claimant in respect of a claim for damages for personal injury arising from a motor vehicle accident which occurred on / / ("the claim").
DD/MM/YYYY

2. I make this claim on my own initiative.

Please check the box which applies to this claim:

3A. I was not personally approached or contacted by a person and solicited or induced to make this claim; **OR**

3B. I was personally approached or contacted by a person and solicited or induced to make this claim.

The name and contact details of this person are as follows:

The circumstances in which this person approached or contacted me are as follows (e.g. in person, by telephone, email or other form of communication and by whom and when):

Please check the box which applies to this claim:

4A. I have not retained a law practice to act for me in relation to the claim; **OR**

4B. I am not aware of the law practice that I have retained giving consideration (i.e. a fee, gift or benefit) to a person for my referral to, or engagement of, this law practice; **OR**

4C. I am aware of the law practice that I have retained giving consideration (i.e. a fee, gift or benefit) to a person for my referral to, or engagement of, this law practice. The details of this consideration are as follows (e.g. amount paid, amount paid to whom):

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Claimant/agent of claimant signature

Date

 / /

DD/MM/YYYY

Taken and declared before me – Justice of the Peace (JP)/Commissioner for Declarations (C. Dec)/lawyer

Signature

Place

Date

 / /

DD/MM/YYYY

Surname/family name of JP/C.Dec/lawyer

Given name/s of JP/C.Dec/lawyer

Qualification of witness (JP/C.Dec/lawyer)

Seal of office (if applicable)

± Agent of claimant

If another person signs on behalf of the claimant

Surname/family name of agent

Given name/s of agent

Relationship to the claimant

Details of claimant's legal incapacity