

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 an eligible witness.

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):

I have read and understood the contents of this form. By virtue of the provisions of the *Oaths Act 1867*, I declare that the contents of this form are true. Where the contents of this form are based on information and belief, the contents are true to the best of my knowledge. I understand that a person who provides a false matter in a declaration commits an offence.

Signature of claimant/substitute signatory

Date

DD/MM/YYYY

If signing as substitute signatory*:

I confirm I have been directed by the claimant to sign this form and I have legal capacity.

Taken and declared before me**

Signature of witness

Place

Date

Surname/family name of witness

Given name/s of witness

Qualification of witness (e.g. JP, C.Dec, lawyer, etc)

Seal of office (if applicable)

± Details of substitute signatory (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the claimant

Reason why the claimant cannot sign

* For further information on who can be a substitute signatory, please visit maic.qld.gov.au/substitute-signing-fact-sheet.

** For further information on who can witness this form, please visit maic.qld.gov.au/witness-signing-fact-sheet.