



Claims Management Standard 910: Unrepresented Claimants (CMS 910)

1 March 2026

Claims management standards and explanatory notes (**Standards**) apply to the management of claims made under the *Motor Accident Insurance Act 1994* (Qld) (**MAI Act**) and the *Motor Accident Insurance Regulation 2018* (Qld) (**MAI Regulation**). Standards commence from the date of publication and are updated from time to time. Revisions to the Standards are effective from the updated date of publication. The Standards must be read in conjunction with the MAI Act and MAI Regulation.

About MAIC documents

In administering legislation, MAIC issues the following types of documents:

- **Standards:** established under legislation about rehabilitation and the proper management of claims with which licensed insurers must comply.
- **Guidelines:** gives guidance to explain when and how MAIC might exercise specific powers under legislation, describing principles underlying MAIC's approach, and giving practical guidance to assist in providing best practice models for industry stakeholders.
- **Protocols:** issued for industry stakeholders as the accepted or established code of procedure or behaviour for certain aspects of CTP claims management.
- **Information sheets:** provides information on processes, compliance issues or overviews of detailed guidance.
- **Reports:** describes MAIC activity and information about the Queensland CTP insurance scheme.

Document history

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1. Purpose

This Standard establishes minimum requirements for insurer conduct when managing claims or potential claims for unrepresented claimants.

The MAI Act aims to ensure that Compulsory Third Party (**CTP**) insurers operate in a way that upholds the integrity of and supports the public confidence in the statutory insurance scheme. Licensed insurers are expected to uphold transparency and manage claims fairly and consistently, prioritising the public good. This includes handling claims promptly, avoiding unnecessary delays, and addressing disputes efficiently. While insurers are encouraged to challenge claims that are clearly without merit, they must not exploit their position or act in a way that unfairly disadvantages unrepresented claimants.

2. Compliance

This Standard is established pursuant to s10(1)(d) of the MAI Act about the proper management of claims which insurers must comply with and must be read in conjunction with the *MAIC Claims Management Standards Explanatory Notes*.

3. Effective communication

Insurers must provide regular and timely updates to unrepresented claimants regarding the progress of their claim. Insurers must respond in writing to all written communication they receive from unrepresented claimants within 10 calendar days (excluding the first Notice of Accident Claim form (**NOAC**) compliance response). Insurers must also document in writing on the claim file all telephone communication with unrepresented claimants.

When acknowledging receipt of the initial lodgement of the NOAC, insurers must provide unrepresented claimants with a clear channel of communication. This must include the name, position title, phone number and email address of the claims officer responsible for the day-to-day handling of the claim. Additionally, insurers must provide the direct contact details – name, position title, phone number and email address of an alternative contact should the claims officer responsible be unavailable.

4. Claimant and insurer relationship

It is the insurer's responsibility to clearly communicate with unrepresented claimants or potential claimants that they are the CTP insurer of the at-fault vehicle and outline how they will fulfil their claims management obligations to facilitate the timely resolution of the claim within a legal and regulatory framework, in a fault-based common law scheme.

5. Claimants' option to seek legal representation

Insurers must inform unrepresented claimants in writing, using the prescribed wording below, of their option to seek independent legal representation. This notification must be provided in the first NOAC compliance response and in the following circumstances after receiving a notice of claim:

- unresolved disputes about the provision or funding of rehabilitation services at any time this occurs during the claim;
- where liability has been denied – at the time the insurer gives notice of the denial of liability;
- where contributory negligence has been claimed by the insurer – at the time the insurer gives notice of the claim for contributory negligence;
- where the insurer receives any medical or allied health information that reasonably indicates the claimant may have questionable legal capacity;
- when the claimant reaches the age of majority (18 years).

The following wording must be used by insurers when notifying unrepresented claimants of their option to seek independent legal advice:



"You have the option to seek legal advice at any stage of the claims process. You may choose to deal directly with us about your claim or engage a lawyer to act on your behalf. Before engaging a lawyer, you should discuss the potential costs involved and whether any of these legal costs may be recoverable from [name of insurer]."

CTP insurers must not, at any time, discourage an unrepresented claimant or potential claimant from seeking their own independent legal representation, whether verbally or in writing. This extends to all insurer communication, advertising and marketing material relating to CTP insurance claims in Queensland.

6. Settlement offer explanatory statement

Pursuant to s20(1) of the MAI Regulation, where a claimant is not represented by a lawyer, an insurer must accompany an offer of settlement with an explanatory statement in a form approved by the Commission.

The intent of the explanatory statement is to highlight the finality of settlement to an unrepresented claimant. Further, the explanatory statement must inform the claimant that should they have any doubts about the settlement, they should seek appropriate advice. In accordance with the above, the following prescribed wording must be incorporated into an offer of settlement:



“It is important that you understand by accepting this offer, you will be settling your claim in full for the injuries you received in the accident on [Date]. This means you will not be able to make any further claims against, or receive any further payment of expenses or losses from the CTP insurer related to these injuries, including but not limited to:

- General damages (pain and suffering, loss of quality of life)
- Out of pocket expenses
- Future medical expenses
- Care and support services (thresholds apply)
- Ongoing rehabilitation
- Lost income
- Future loss of income or earning capacity

This offer of settlement is comprised of the following:

[List each head of damage with an applicable settlement amount including any statutory refunds and other reductions. Examples include, but are not limited to, contributory negligence, s51(4) etc.]

Your written acceptance of this offer and payment of the settlement money to you will finalise your claim.

If you have any concerns about whether to accept this offer, you may consider obtaining independent legal advice. If you choose to seek legal advice, the Queensland Law Society can provide a list of Accredited Specialists in Personal Injury.”

7. Information sheet for unrepresented claimants

Insurers must provide all unrepresented claimants with the *MAIC Information Sheet – Information for unrepresented CTP claimants (Information Sheet)* when acknowledging the claimant's lodgement of the NOAC, or within 14 days of the claimant switching from being legally represented to self-acting. The insurer must not alter, modify or append to the Information Sheet in any way. MAIC may update or amend the Information Sheet from time to time. Insurers will be provided with prior notice of any changes to the Information Sheet.

8. Completing claim forms

Insurers may provide guidance to unrepresented claimants or potential claimants to help clarify the questions in the NOAC.

If an insurer assists an unrepresented claimant in completing the NOAC, the insurer should encourage the unrepresented claimant to carefully review all questions and provide answers to the best of their knowledge before signing the form.

Insurers must document all interactions with unrepresented claimants regarding NOAC guidance and claim form completion in writing, and record these on the claim file for auditing and review purposes. A copy of such documentation, including file notes of conversations, must be provided to the claimant along with the draft claim form completed on their behalf, to enable the claimant to review the accuracy of the notes or documents.

9. Information for guardians of unrepresented minor claimants

When a claim is lodged on behalf of an unrepresented minor, the insurer must include in the first NOAC compliance response the following information to the guardian of the minor:

- (a) the requirement that any agreed settlement must be sanctioned by the court or Public Trustee if settled prior to the claimant reaching 18 years of age; and
- (b) that the claim will remain open until the minor claimant reaches 21 years of age, unless it is settled earlier in accordance with paragraph 10 below.

If the guardian decides not to pursue the minor's claim, the insurer must provide written information to the guardian outlining the minor claimant's right:

- (a) to pursue their claim until they reach 21 years of age;
- (b) to communicate directly with the insurer regarding settlement negotiations upon reaching 18 years of age; and
- (c) to contact the insurer at any time to discuss the settlement of their claim.

10. Settling claims for minors or persons under a legal incapacity

Pursuant to s20(2) of the MAI Regulation, if a claimant is a minor or a person who is under a legal incapacity, an offer or counteroffer of settlement cannot be made or accepted by or for the claimant unless the court or the public trustee –

- (a) is satisfied that settlement of the claim on the terms proposed would be in the claimant's best interests; and
- (b) approves the terms of the offer or counteroffer.

In accordance with the above, insurers must not settle claims involving minors, or those under a legal incapacity, including the acceptance of upfront rehabilitation treatment as full satisfaction of the claim, without obtaining sanction from a court or the Public Trustee.

If settlement of a minor claim has not already occurred in accordance with the above, upon the claimant reaching 18 years of age, the insurer must contact the minor claimant in writing to initiate settlement negotiations. These negotiations must address whether compensation will be offered for pain and suffering, medical and rehabilitation treatment, lost income, future loss of income or earning capacity, out of pocket expenses, care and support services and any other applicable losses or expenses. The insurer must also inform the claimant of their right to seek independent legal advice and advise them that their right to seek compensation will expire on their 21st birthday.

All claims involving minor claimants must remain open until one of the following occurs:

- the claim is settled with the sanction of the court or Public Trustee prior to the claimant reaching 18 years of age; or
- a settlement is agreed between the claimant and the insurer following the minor claimant reaching 18 years of age, and the claim is finalised as settled; or
- upon the minor claimant reaching 21 years of age, the claim may be finalised without settlement provided:
 - the minor claimant was contacted in writing by the insurer upon reaching 18 years of age to commence settlement negotiations as outlined above, and
 - the insurer provided the claimant with at least one month's notice in writing of the pending closure of the claim; and
 - the insurer has documented evidence on the claim file of all attempts to contact the claimant.

11. Reporting

Insurers must submit an annual compliance statement to MAIC, which is to include a table detailing all claims lapsed, discontinued or finalised during the reporting period involving unrepresented claimants who are minors or persons under a legal incapacity. The table must specify the circumstances leading to the closure of each claim as well as the corresponding dates of sanction.

12. MAIC audits and reviews

MAIC may conduct a review of the insurer's claims management procedures, policies and systems at its discretion. Additionally, MAIC may conduct audits as deemed necessary and may appoint an appropriately qualified person to carry out the audits, as well as request information during the audit process. Insurers must provide ongoing full remote access to their claims management systems to MAIC authorised officers.

13. Data and information quality and integrity

Part 5, Section 26 of the MAI Regulation details the information insurers must submit to the Personal Injury Register (**PIR**). All answers given in the NOAC by the unrepresented claimant must be submitted by the insurer to the PIR in its entirety, and updated as and when new information is identified, where applicable. Insurers should make reasonable efforts to obtain answers to as many NOAC questions as possible, based on what is known to the unrepresented claimant or can be reasonably determined by either the claimant or insurer.

14. Disclaimer

This Standard does not constitute legal advice, is not intended to be a substitute for legal advice and should not be relied upon as such.

For enquiries about the Standards:

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