



Motor Vehicle Catastrophic Injuries Support Scheme Dispute Resolution

All people catastrophically injured in a motor vehicle crash who are unable to prove negligence against a driver or owner of a vehicle, can apply to become a participant in the Catastrophic Injuries Support (CIS) scheme.

Dispute resolution

Part 5 of the [Motor Vehicle \(Catastrophic Injuries\) Regulations 2016](#) provides for a formal dispute resolution process for disagreements about a decision on eligibility or treatment, care and support made by the Insurance Commission.

People are encouraged to first discuss the matter with the Insurance Commission. However, if they are still unhappy following the discussion, they can access the formal dispute resolution process.

What can be disputed?

A person can raise a dispute about the following Insurance Commission decisions:

- eligibility to participate in the CIS scheme; or
- a participant's treatment, care and support.

How do I raise a dispute?

A dispute application must:

- a) be in writing; and
- b) include the applicant's name, address and contact details; and
- c) give details of the decision; and
- d) give details of the injury or alleged injury to which the decision relates; and
- e) set out the reasons for disputing the decision; and
- f) be accompanied by all documents relating to the decision that are in the possession, custody or control of the applicant; and
- g) be accompanied by any medical reports or other information the applicant considers relevant to the application; and
- h) be made within 28 days after the day on which notice of the decision is given or any longer period as deemed appropriate by the Insurance Commission.

Disputes about eligibility

Eligibility decisions can be made either on medical or non-medical grounds.



Non-medical eligibility decisions can include:

- whether an incident that results in an injury is a motor vehicle accident; or
- whether a motor vehicle injury is a motor vehicle injury to which the *Motor Vehicle (Catastrophic Injuries) Act 2016* applies; or
- a decision to suspend someone from participation in the CIS scheme.

Following receipt of a dispute application, the Insurance Commission will refer the decision to a review officer for review and advise the applicant of the name of the appointed officer. If an applicant objects to a particular officer being appointed, they must do so within 14 days and provide reasons for the objection. The Insurance Commission may refer the decision to a different review officer.

An applicant may be required to appear before the review officer and on completion of a review, the review officer must communicate a decision in writing that either:

- confirms or varies the original decision; or
- revokes the original decision and substitutes another decision.

Non-medical eligibility decisions are open to appeal via the District Court.

Medical eligibility decisions can include:

- whether a motor vehicle injury is a catastrophic injury; or
- whether an injury results from a motor vehicle accident or is attributable to some other condition, event, incident or factor.

If the Insurance Commission receives a dispute application of a medical decision, the Insurance Commission must refer the decision to an independent convenor, who will convene an independent expert panel, to conduct a review.

On completion of the review, the expert review panel must make a decision that either confirms, varies or revokes the medical decision and substitutes another decision.

The expert review panel must provide written notice of the decision to the applicant and to the Insurance Commission. The notice must include the reasons for the decision and information about the applicant's right to apply for a review of the decision by a second expert panel.

An application for review by a second expert panel must be made in writing and must set out the grounds for the review. On completion of a review, the second review panel must make a decision that either confirms or varies the original review decision or revokes the original review decision and substitutes another decision. The decision must be notified in writing to the applicant and the Insurance Commission, and must include the reasons for the decision.

A decision made by a second review panel is final and binding and cannot be further reviewed or appealed against.

Disputes about treatment, care and support

Decisions made by the Insurance Commission about a participant's treatment, care and support are also subject to review through the same process as the medical eligibility review process except that the expert panel's decision is final and binding and cannot be reviewed or appealed.