

Claim No:

REQUEST FOR ADVANCE PAYMENT BY
TO
INSURANCE COMMISSION OF WESTERN AUSTRALIA

Please complete all questions 1 - 4

1. I _____ of _____ request an advance payment against my claim for compensation for past loss of earning capacity as a result of the motor vehicle crash on _____.
2. I understand I am required to complete this form before my request for an advance payment is considered by the Insurance Commission of Western Australia (ICWA).
3. At the date of the crash I was employed or self-employed.
4. I confirm Doctor _____ has certified that I am medically totally or partially unfit to return to employment (paid or unpaid).

Please complete questions 5 - 7 if you have not resumed employment in any capacity

5. I confirm that since the crash I have not resumed my employment or any other form of employment paid or unpaid.
6. My average net income after tax at the date of the crash was \$_____ per week.
7. I request an advance payment for period ____ / ____ / ____ to ____ / ____ / ____ (number of weeks: _____) in the sum of \$_____.

OR

Please complete questions 8 - 11 if you have resumed employment in a partial capacity

8. I confirm that since the crash I have partially resumed employment
9. I resumed employment on ____ / ____ / ____.
10. My current net weekly income after tax is \$_____.
11. I request an advance payment of \$_____ being the difference between my pre and post-crash weekly income for the period ____ / ____ / ____ to ____ / ____ / ____ (number of weeks: _____) in the sum of \$_____.

Please complete all questions 12 - 14

12. I have / have not (circle as applicable) received Centrelink Benefits since the crash.

13. I have / have not (circle as applicable) received income from another insurance policy.

If you have received income from another insurance policy, please provide:

- a. Name of insurer _____.
- b. Policy number _____.
- c. Claim number _____.
- d. Net income per week \$ _____.
- e. For the period ____ / ____ / ____ to ____ / ____ / ____.

14. I declare that the information I have provided is true and correct. I acknowledge that should I sign this statement knowing any information presented is false or misleading I am committing a criminal offence under Section 27B of the *Motor Vehicle (Third Party Insurance) Act 1943* and may be liable to a penalty of \$10,000.00

Signed (claimant): _____
Original signature only – copies of signature will not be accepted

Dated: _____

IF YOU ARE UNABLE TO INSERT A DIGITAL
SIGNATURE TYPE NAME HERE