

## Information about this form

The Motor Accidents Insurance Board (MAIB) collects information primarily to determine entitlement under the *Motor Accidents (Liabilities and Compensation) Act 1973* (the Act) and accompanying regulations to common law damages and/or no fault benefits and, where applicable, providing benefits under the Act and regulations.

By signing this Medical Authority form you are giving the MAIB consent to obtain medical information and records, reports and/or statements from your treating medical practitioners, ambulance service, health professional and/or hospital relating to injuries sustained in your motor accident.

The purpose of obtaining this information is to assist the MAIB in the management of your claim. If you do not consent to the obtaining of this information, the MAIB may not be able to make decisions about your entitlement to MAIB benefits.

The MAIB will only use this form to collect relevant information for processing, assessing or managing your MAIB claim.

## MAIB client details

Please **print** using a blue or black pen.

### 1 Client's name

Surname

Given names

### 2 Date of birth

 /  / 

### 3 Date of accident

 /  / 

### 4 Claim number

### 5 Home address

  


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State
Postcode

### 6 Contact details

Daytime phone number

Email

  


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### 7 Is the person completing this form the injured person (MAIB client)?

No  **Go to 8**

Yes  **Go to 13**

## Details of person completing this form (if not the MAIB client)

### 8 Surname

Given names

### 9 Home address

  


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State
Postcode

### 10 Daytime phone number

### 11 What is your relationship to the client?

### 12 Reason for completing this form on behalf of the client

## Authorisation

**13** I authorise the Motor Accidents Insurance Board (MAIB), or its agents, to contact and obtain information and documents relevant to the injuries I sustained in my motor accident, or any injury or condition that existed before the motor accident and has been affected as a result of the accident, from any medical practitioner, ambulance service, health professional or other person who has treated me, or any hospital at which I have received treatment.

A clear photocopy or image reproduction of this authority is considered as valid as the original.

Signature of  
**MAIB client**  
or **Authorised**  
**Representative**

Date

 /  / 

## Privacy notice

The *Personal Information Protection Act 2004* (PIP Act) regulates the way in which Tasmanian public authorities deal with how personal information is collected, maintained, used and disclosed in the course of delivering services. The MAIB is the custodian of personal information collected by it and its collection, use and disclosure is governed by the PIP Act.

The MAIB's Personal Information Protection Policy sets out the principles that are applied by the MAIB in collecting and managing personal information.

A copy of the MAIB's Personal Information Protection Policy can be downloaded from the MAIB's website at <http://www.maib.tas.gov.au/privacy-of-information/> or you can arrange to have a copy posted to you by contacting the MAIB on toll free number **1800 006 224**.