

Version No. 002
Wrongs (Part VBA Claims) Regulations 2005

S.R. No. 27/2005

Version as at 11 April 2008

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1 Objective

The objective of these Regulations is to prescribe forms and other matters for the purposes of Part VBA of the **Wrongs Act 1958**.

2 Authorising provision

These Regulations are made under section 28LZP of the **Wrongs Act 1958**.

3 Certificate of assessment

For the purposes of section 28LN of the **Wrongs Act 1958**, the prescribed form of a certificate of assessment is Form 1 in the Schedule.

4 Certificate of assessment where injury has not stabilised

For the purposes of section 28LNA of the **Wrongs Act 1958**, the prescribed form of a certificate of assessment where the injury has not stabilised is Form 2 in the Schedule.

5 Agreement to waive assessment of impairment

For the purposes of section 28LO(1A) of the **Wrongs Act 1958**, the following information is prescribed—

- (a) name of the claimant;
- (b) address of the claimant or the claimant's legal representative;
- (c) telephone number of the claimant or the claimant's legal representative;

- (d) date of birth of the claimant;
 - (e) name of the respondent;
 - (f) address of the respondent;
 - (g) telephone number of the respondent (if known);
 - (h) a statement of reasons explaining why the claimant asserts that the respondent is the proper respondent to the claim;
 - (i) name, address and telephone number (if the number is known) of any other party (other than the respondent) who the claimant considers to be a proper respondent to the claim and reasons why that other party is also considered to be a proper respondent;
 - (j) date, time and location of the incident;
 - (k) description of the incident;
 - (l) details of the injury suffered as a result of the incident;
 - (m) details of any one or more of the following—
 - (i) pain and suffering;
 - (ii) loss of amenities of life;
 - (iii) loss of enjoyment of life—
suffered by the claimant as a result of the injury;
 - (n) details of any report of the incident on which the claimant intends to rely to make the claim, including the date of the report and the person to whom the report was made;
 - (o) name, professional qualifications, address and telephone number of any medical practitioner who has treated the injury of the claimant.
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6 Copy of certificate of assessment to be served on respondent

For the purposes of section 28LT(2) of the **Wrongs Act 1958**, the following information is prescribed—

- (a) name of the claimant;
- (b) address of the claimant or the claimant's legal representative;
- (c) telephone number of the claimant or the claimant's legal representative;
- (d) date of birth of the claimant;
- (e) name of the respondent;
- (f) address of the respondent;
- (g) telephone number of the respondent (if known);
- (h) a statement of reasons explaining why the claimant asserts that the respondent is the proper respondent to the claim;
- (i) name, address and telephone number (if the number is known) of any other party (other than the respondent) who the claimant considers to be a proper respondent to the claim and reasons why that other party is also considered to be a proper respondent;
- (j) date, time and location of the incident;
- (k) description of the incident;
- (l) details of the injury suffered as a result of the incident;

- (m) details of any one or more of the following—
 - (i) pain and suffering;
 - (ii) loss of amenities of life;
 - (iii) loss of enjoyment of life—
suffered by the claimant as a result of the injury;
- (n) details of any report of the incident on which the claimant intends to rely to make the claim, including the date of the report and the person to whom the report was made;
- (o) name, professional qualifications, address and telephone number of any medical practitioner who has treated the injury of the claimant.

7 Respondent must provide information to Medical Panel

For the purposes of section 28LZA(1)(a)(ii) of the **Wrongs Act 1958**, the following information is prescribed—

- (a) name of the respondent;
 - (b) address of the respondent;
 - (c) telephone number of the respondent;
 - (d) date on which the respondent received the claimant's certificate of assessment;
 - (e) name, address and telephone number of the respondent's legal or other representative (if any);
 - (f) name of the claimant;
 - (g) address of the claimant or the claimant's legal representative;
 - (h) telephone number of the claimant or the claimant's legal representative;
-

- (i) date, time and location of the incident;
 - (j) description of the incident;
 - (k) details of the injury the claimant alleges to have suffered as a result of the incident.
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SCHEDULE

FORM 1

Regulation 3

**CERTIFICATE OF ASSESSMENT OF DEGREE OF IMPAIRMENT
ARISING FROM STABILISED INJURY**

Wrongs Act 1958

Section 28LN

DETAILS OF MEDICAL PRACTITIONER

Name:

Qualification:

Address:

Telephone:

Fax:

CERTIFICATION

I certify that on: (date) I examined: (insert name of
person seeking the assessment)

of (address of person seeking the assessment):

and I am satisfied/I am not satisfied (delete whichever inapplicable) that:
(tick appropriate box/boxes)

- the degree of impairment resulting from this person's injury is more
than 5%.

Brief description of injury assessed:

- the degree of impairment resulting from this person's psychiatric injury is
more than 10%.

Brief description of psychiatric injury assessed:

SIGNED:

DATED:

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Form 1

Please note:

This certificate must be provided by a medical practitioner who is an "approved medical practitioner" within the meaning of section 28LB of the **Wrongs Act 1958**.

This certificate must not state the specific degree of impairment.

Impairment means permanent impairment.

FORM 2

Regulation 4

**CERTIFICATE OF ASSESSMENT OF DEGREE OF IMPAIRMENT
WHERE INJURY HAS NOT STABILISED**

Wrongs Act 1958

Section 28LNA

DETAILS OF MEDICAL PRACTITIONER

Name:

Qualification:

Address:

Telephone:

Fax:

CERTIFICATION

I certify that on: *(insert date)* I first examined *(insert name of person seeking the assessment):*

of (address of person seeking the assessment):

in relation to: *(tick appropriate box/boxes)*

an injury.

Brief description of injury assessed:

I certify that I have conducted a subsequent examination today in relation to the same injury and I am unable to determine the degree of impairment. However, I am satisfied that the degree of impairment resulting from this injury will be more than 5% once the injury has stabilised.

a psychiatric injury.

Brief description of psychiatric injury assessed:

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Form 2

I certify that I have conducted a subsequent examination today in relation to the same psychiatric injury and I am unable to determine the degree of impairment. However, I am satisfied that the degree of impairment resulting from this psychiatric injury will be more than 10% once the injury has stabilised.

SIGNED:

DATED:

Please note:

This certificate must be provided by a medical practitioner who is an "approved medical practitioner" within the meaning of section 28LB of the **Wrongs Act 1958**.

The date of the first examination of the person seeking an assessment must be at least six months before the date of this assessment.

Impairment means permanent impairment.

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ENDNOTES

1. General Information

The Wrongs (Part VBA Claims) Regulations 2005, S.R. No. 27/2005 were made on 10 May 2005 by the Lieutenant-Governor, having assumed the administration of the government of the State, with the advice of the Executive Council, under section 28LZP of the **Wrongs Act 1958**, No. 6420/1958 and came into operation on 10 May 2005.

The Wrongs (Part VBA Claims) Regulations 2005 will sunset 10 years after the day of making on 10 May 2015 (see section 5 of the **Subordinate Legislation Act 1994**).

2. Table of Amendments

There are no amendments made to the Wrongs (Part VBA Claims) Regulations 2005 by statutory rules, subordinate instruments and Acts.

3. Explanatory Details

No entries at date of publication.