

ACCF

ACCIDENT COMPENSATION COMMISSION, FIJI

Lot 1 Daniva Road, Valelevu, Nasinu, info@accf.com.fj , www.accf.com.fj

APPLICATION FOR COMPENSATION

Fill in this form to apply for compensation for personal injuries or death arising from one of the categories in Q1.

If your application is in respect of a **MOTOR VEHICLE** accident, you can lodge your application form and any supporting documents in one of the following ways:

1) **Post to:**

- The CEO, ACCF, PO Box 6264, Valelevu, Nasinu.

2) **Hand Deliver to:**

- The CEO, ACCF, Lot 1 Daniva Road, Valelevu, Nasinu; or
- any LTA office.

If your application is in respect of an **EMPLOYMENT** or **SCHOOL** accident, you can lodge your application form and any supporting documents in one of the following ways:

1) **Post to:**

- ACCF Claims Centre, PO Box 12752, Suva.

2) **Hand deliver to:**

- Suva Office: Level 8, BSP Life Centre, Thomson Street, Suva; or
- Nadi Office: Level 1, HLB House, 3 Cruickshank Rd, Nadi Airport; or
- Lautoka Office: Level 1, Reddy Group Building, 35 Ravouvou Street, Lautoka; or
- Labasa Office: Level 1, Local Woods Building, 10 Sangam Avenue, Labasa.

For any enquires regarding **EMPLOYMENT** or **SCHOOL ACCIDENTS** you can call **3235990**.

For any enquires regarding **MOTOR VEHICLE ACCIDENTS** you can call **8923770**.

1. Please tick the relevant box and circle whether the application is in respect of injuries or death.

Motor Vehicle Accident Injuries/Death

Work site Injuries/Death

School Injuries/Death

2. Who is this application made for?

Yourself, go to section 3 (**Exclude Section 4**)

Another person, go to section 4 (**Exclude Section 3**)

3. Your details (compensation for own self)

Surname: _____

Given names: _____

Have you ever previously made an application for compensation with ACCF? If so, in what name was the application made: _____

Date of birth: [day/month/year] _____ Sex: [male/female] _____

Nationality: _____

Relationship status: [married/divorced/single] _____

Are you employed? Yes No

Name of employer/school (if applicable): _____

Occupation: _____

Address of employer/ school: _____

Phone Numbers: Home _____ Work/School _____ Mobile _____

Residential address: _____

Postal address: _____

E-mail address: _____

Bank Name: _____ Account number: _____

Account name: _____ TIN: _____

4. Applicant's details (claiming compensation for another person)

Surname: _____

Given names: _____

Have you ever previously made an application for compensation with ACCF? If so, in what name was the application made: _____

Date of birth: [day/month/year] _____ Sex: [male/female] _____

Nationality: _____

Relationship status: [married/divorced/single] _____

Are you employed? Yes No

Name of employer (if applicable): _____

Occupation: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Residential address: _____

Postal address: _____

E-mail address: _____

Bank Name: _____ Account number: _____

Account name: _____ TIN: _____

Person who suffered injury or death:

Surname: _____

Given names: _____

Date of birth: [day/month/year] _____ Sex: [male/female] _____

Nationality: _____

Relationship status: [married/divorced/single] _____

What is the person's relationship to you? _____

Name of employer/school (if applicable): _____

Address of employer/school (if applicable): _____

Phone number of employer/ school (if applicable): _____

Is the person deceased? Yes No

5. Alternative contact person

If it makes things easier for you, you may want your partner or parent or relative or any other person to be able to talk to us about the questions on this form or what happens next.

Would you like to give us permission to talk to someone else about your application for compensation? Yes No

If Yes, please give us the full name, address and phone number of this person and their relationship to you:

Surname: _____

Given names: _____

Phone Numbers: Home _____ Work _____ Mobile _____

Residential address: _____

Postal address: _____

E-mail address: _____

What is the person's relationship to you? _____

Please describe anything you do not want us to talk to this person about: _____

6. Relevant Documents to Submit (Certified True Copy if not submitting Original)

Please provide the following:

- Photo ID (Applicant/ Injured or Deceased Person if applying for someone else) e.g. joint card, passport, driver's license.
- If applying for a person under 18 years of age who has no official photo ID, please provide a passport size photo with confirmation on the reverse side by Justice of the Peace or lawyer that the photo is a true likeness.
- If you are not a parent and applying for a person under 18 years of age, then provide documentation confirming you are the legally appointed representative e.g. adoption or other court order.
- Police Report (Must be provided for Motor Vehicle Accident and may be required for other accidents).
- Medical Report.
- Birth Certificate (Applicant and Injured or Deceased Person)
- Proof of Address e.g. utility bill, driving license, voter registration card or statutory declaration.
- Bank Statement or Official Bank Document confirming account details (Applicant).
- Certificate of Death (If applying on behalf of deceased person).
- Probate or Letters of Administration (If applying on behalf of deceased person).
- Tin Letter if not providing Joint Card.

We may, at any stage, seek other records that are or may be relevant to your application.

7. Accident Details

Date and Hour of Accident: _____

Location of the accident: _____

Brief explanation on how this accident happened: _____

8. Declaration and authorisation

I confirm to the best of my knowledge that all the information I have provided on this form is true and correct.

I understand that the provision of false information to the Accident Compensation Commission Fiji is an offence under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or imprisonment of up to 10 years or any or all of the foregoing.

Name: _____

Date: [day/month/year] _____

Signature: _____

9. Application checklist

You have completed all the questions in this form as requested.

You have attached relevant documents as per section 6.

You have signed section 8.