

**EXTRAORDINARY
GOVERNMENT OF FIJI GAZETTE SUPPLEMENT**

No. 51

WEDNESDAY, 20th DECEMBER

2017

[LEGAL NOTICE NO. 107]

FALSE INFORMATION ACT 2016

**Declaration of Entity—Accident Compensation
Commission Fiji**

PURSUANT to section 2 of the False Information Act 2016, I hereby declare that the Accident Compensation Commission Fiji is an entity for the purposes of the False Information Act 2016.

Dated this 19th day of December 2017.

A. SAYED-KHAIYUM
Attorney-General

[LEGAL NOTICE NO. 108]

ACCIDENT COMPENSATION ACT 2017

Accident Compensation Regulations 2017

IN exercise of the powers conferred on me by section 35 of the Accident Compensation Act 2017 and following consultation with the Accident Compensation Commission Fiji, I hereby make these Regulations—

PART 1—PRELIMINARY

Short title and commencement

- 1.—(1) These Regulations may be cited as the Accident Compensation Regulations 2017.
- (2) These Regulations come into force on 1 January 2018.

Interpretation

2. In these Regulations, unless the context otherwise requires, “Act” means the Accident Compensation Act 2017.

PART 2—APPLICATION FOR COMPENSATION

Application

- 3.—(1) For the purposes of section 20 of the Act, an application claiming compensation for any personal injury or death as a result of an accident in Fiji under the no fault

compensation scheme must be made to the Commission—

- (a) using the application form prescribed in the Schedule; and
- (b) within 3 years from the date of the accident.

(2) An application may be hand delivered to the Commission or sent to the Commission by post or electronic mail.

(3) The Commission may amend the application form prescribed in the Schedule as it deems necessary.

(4) Notwithstanding anything contained in these Regulations, the provisions of the False Information Act 2016 apply to any claim for compensation for any personal injury or death as a result of an accident in Fiji under the no fault compensation scheme.

Exclusions

4.—(1) The following applications are excluded from compensation payable under the Act—

- (a) an application claiming compensation for a person where the motor vehicle is being driven by or is in the charge of that person and who—
 - (i) is driving under the influence of alcohol over the prescribed limit or under the influence of drugs;
 - (ii) is convicted of an offence of driving with an excess of alcohol or blood alcohol concentration over the prescribed limit;
 - (iii) fails or refuses to permit a breath test or a specimen of blood to be taken after being lawfully required to do so;
 - (iv) did not hold a valid driving licence authorising that person to drive the motor vehicle of the class or use for which it is registered; or
 - (v) has failed to comply with all the conditions of his or her driving licence;
- (b) an application claiming compensation for a person who is convicted of an offence for any act or omission that directly caused the accident;
- (c) an application claiming compensation for a person who suffered personal injury or death as a result of a suicide or attempted suicide;
- (d) an application claiming compensation for any injury or death that did not directly arise from the accident; and
- (e) an application claiming compensation for the owner of a motor vehicle who, although has suffered personal injury or death as a result of the accident, had failed to pay the relevant levy as required by regulations for the payment of compensation for any personal injury or death as a result of an accident under the no fault compensation scheme.

(2) The following applications must not be considered by the Commission—

- (a) an application claiming compensation where the applicant refuses to

- provide particulars and information as required by the Commission;
- (b) an application claiming compensation for a person who refuses to undergo medical assessment as required by the Commission;
 - (c) a fraudulent application; and
 - (d) an application that has been previously determined by the Commission.

PART 3—ACCEPTANCE OF COMPENSATION

Acceptance of decision of the Commission

5. For the purposes of sections 23(1) and 26(2) of the Act, if an applicant accepts the decision of the Commission and the amount payable by the Commission as compensation, the applicant must convey the acceptance in writing to the Commission within 28 days from the date the decision of the Commission was received.

PART 4—PAYMENT OF COMPENSATION

Maximum amount payable as compensation under no fault compensation scheme

6.—(1) For the purposes of section 19(2) of the Act, the Commission may make a lump sum payment under the no fault compensation scheme in respect of personal injury suffered by a person as a result of an accident in Fiji, and any such payment must not exceed—

- (a) in the case of permanent partial incapacity, \$75,000;
- (b) in the case of permanent total incapacity, \$150,000; and
- (c) in cases other than paragraphs (a) and (b), \$75,000.

(2) The Commission may make a lump sum payment of \$75,000 under the no fault compensation scheme in respect of death suffered by a person as a result of an accident in Fiji.

Insurance company to pay the Commission

7.—(1) For the purposes of sections 23(4), 26(4) and 29(4) of the Act, the insurance company must pay the Commission the amount paid by the Commission as compensation within 28 days from the date the Commission paid the compensation.

(2) If an insurance company fails to pay the Commission within the time prescribed in subregulation (1), the insurance company commits an offence and is liable upon conviction to a fine not exceeding \$100,000.

(3) For the avoidance of doubt, “policy of insurance” in sections 23(4), 26(4) and 29(4) of the Act refers to a policy of motor vehicle insurance issued by an insurance company.

Made this 20th day of December 2017.

A. SAYED-KHAIYUM
Attorney-General and Minister responsible for justice

SCHEDULE
(Regulation 3(1))

APPLICATION FOR COMPENSATION

Fill in this form to apply for compensation for personal injury or death arising from a motor vehicle accident in Fiji.

When you have finished, you can:

- post or hand deliver this application form and any supporting documents to [address]
- scan and e-mail this application form and any supporting documents to [e-mail address]

You can use the checklist in section 6 to make sure you have included everything you need to.

1. Who is this application made for?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Yourself (go to section 2) |
| <input type="checkbox"/> | Another person (go to section 3) |

2. Your details (compensation for own self)

Surname:

Given names:

We need to check if you have previously had a claim with us under another name. If you have ever been known by other names, what are they?

Date of birth: [day/month/year]

Sex: [male/female]

Nationality:

Passport number (if applicable):

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:

Account name:

Account number:

TIN:

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give us the full name, address and phone number of this person and their relationship to you. If No, go to section 4.			
Surname:			
Given names:			
Phone numbers:	Home:	Work:	Mobile:
Address			
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:			
3. Applicant's details (claiming compensation for another person)			
Surname:			
Given names:			
Date of birth: [day/month/year]		Sex: [male/female]	
Nationality:		Passport number:	
Relationship status: [married/divorced/single]			
What is the person's relationship to you?			
Phone numbers:	Home:	Work:	Mobile:
Residential address:			
Postal address:			
E-mail address:			

Bank: Account name: Account number:	TIN:
Person who suffered injury or death	
Surname: Given names:	
We need to check if the person has previously had a claim with us under another name. If he/she has ever been known by other names, what are they?	
Date of birth: [day/month/year]	Sex: [male/female]
Nationality:	Passport number:
Relationship status: [married/divorced/single]	
Is the person deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Collection of relevant records	
To establish claim for compensation, please provide the following:	
<ul style="list-style-type: none"> • photographic identification • medical report • police report • certificate of death (if applicable) • probate or letter of administration (if applicable) • details of accident • medical history relevant claim • specialist reports and assessments • employment details and history 	
We may seek other records that are or may be relevant to your/ person's claim during the life of your claim.	
We will let you know about the types of records we need to collect, and why we need to collect them to make these decisions about your claim. Please contact us if you would like to discuss this further.	
When did the accident occur?	
Where did the accident occur?	
Registration number of motor vehicle you were travelling in:	
Registration number(s) of other motor vehicle(s) involved in accident:	
Who holds medical records of your/person's injury(ies)?	
Date(s) of medical assessment(s) after accident: [day/month/year]	
5. 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 for the purposes of receiving compensation 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 an imprisonment of up to 10 years or any or all of the foregoing.	
Name:	Date: [day/month/year]
Signature:	

6. Application checklist

Please tick the boxes below to confirm that—

<input type="checkbox"/>	You have completed all the questions
<input type="checkbox"/>	Your/person's medical provider has completed the relevant medical certificates for the injury(s) you would like us to consider in this application, and: <ul style="list-style-type: none"> <input type="checkbox"/> You have enclosed them with this form. If so, how many medical certificates have you enclosed? or <input type="checkbox"/> Your medical provider is going to send us the relevant medical certificates
<input type="checkbox"/>	You have attached a bank statement, deposit slip or a stamped and signed document from your bank that shows your bank account name and number
<input type="checkbox"/>	You have signed section 5

We will use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2017 and any regulations made thereunder.

[LEGAL NOTICE NO. 109]

ACCIDENT COMPENSATION ACT 2017

Accident Compensation (Medical Assessment) Regulations 2017

IN exercise of the powers conferred on me by section 35 of the Accident Compensation Act 2017, and following consultation with the Accident Compensation Commission Fiji, I hereby make these Regulations—

PART 1—PRELIMINARY

Short title and commencement

1.—(1) These Regulations may be cited as the Accident Compensation (Medical Assessment) Regulations 2017.

(2) These Regulations come into force on 1 January 2018.

Interpretation

2. In these Regulations, unless the context otherwise requires—

“Act” means the Accident Compensation Act 2017;

“Impairment Assessment Training” means the training of local medical practitioners by a medical consultant or physician on the evaluation or assessment of the percentage of impairment or disability of an injured person as a result of an accident;

“medical practitioner” means a licensed medical practitioner under the Medical and Dental Practitioner Act 2010; and

“representative” means—

- (a) in the case of a child, the parent or legal guardian of the child; or
- (b) in the case of a person who is incapable of making an application because of a mental disorder, mental illness or being of unsound mind, the legally appointed representative of that person.

PART 2—MEDICAL ASSESSMENT

Initial medical assessment

3.—(1) A person who suffers a personal injury as a result of an accident must have an initial medical assessment of the personal injury conducted by a medical practitioner prior to the making of an application claiming compensation for the personal injury.

(2) A medical practitioner who conducts an initial medical assessment under subregulation (1) must provide a medical report to the person with the personal injury or his or her representative.

Medical report from initial medical assessment to be submitted with application

4. An applicant must submit a certified copy of the medical report from the initial medical assessment with the application to the Commission.

Commission may refer application to medical practitioner trained in impairment assessment

5.—(1) The Commission may, on a case by case basis, refer an application to a medical practitioner appointed by the Commission who has undergone Impairment Assessment Training.

(2) The Commission must refer the application in subregulation (1) using the Medical Assessment Referral Form set out in Schedule 1.

Commission may direct person to undergo further medical assessment

6. The Commission may direct the person who has suffered a personal injury to undergo further medical assessment conducted by a medical practitioner appointed by the Commission within 14 working days from the date of receipt of the application.

Medical assessment

7.—(1) A medical practitioner must conduct a medical assessment as soon as practicable following the referral by the Commission.

(2) A medical practitioner who conducts a medical assessment on a person who has suffered a personal injury and whose application has been referred by the Commission must, where applicable, complete the Medical Assessment Form set out in Schedule 2 and submit such form to the Commission.

(3) The Commission must bear the medical expenses for any medical assessment required under this Part, and the obtaining of any medical report.

(4) If the applicant has already paid for such medical expenses, the Commission must reimburse the applicant.

Conflict of interest

8. A medical practitioner must disclose any conflict of interest when dealing with an application referred to him or her by the Commission.

PART 3—ADDITIONAL ADMINISTRATIVE CONSIDERATIONS

Commission may refer an application to an appointed committee

9.—(1) For the purposes of section 8(3) and 35(2)(g) of the Act, the Commission may, on a case by case basis, refer an application to an appointed committee for further assessment.

(2) The appointed committee in subregulation (1) must provide a written report and recommendation on the application, to the Commission within 21 days from the date of receipt of the application.

Commission not bound by recommendation of an appointed committee

10. The Commission is not bound by any recommendation of an appointed committee.

Conflicting medical reports of medical assessments

11. If an application has conflicting medical reports on medical assessments conducted, the Commission has the discretion to decide which medical report to take into consideration.

Commission may refer to guides

12. The Commission may refer to any guide for the evaluation and assessment of permanent impairment as approved by the Commission for the assessment of applications and determination of lump sum payments under the no fault compensation scheme.

Forms

13. The Commission may amend any form prescribed in the schedules to these Regulations, as it deems necessary.

Made this 20th day of December 2017.

A. SAYED-KHAIYUM
Attorney-General and Minister responsible for justice

SCHEDULE 1
(Regulation 5(2))

MEDICAL ASSESSMENT REFERRAL FORM

The Accident Compensation Commission Fiji (ACCF) refers the attached application for further medical assessment by a medical practitioner.

1. Application details			
Application file name:	Application number:		
Date application received by ACCF:			
ACCF officer:			
Phone numbers:	Home:	Work:	Mobile:
2. Referral details			
Date application referred for medical assessment:			
Reason(s) for referral:			
3. List of documents			
4. Authorisation from ACCF			
Name:			Date:
Signature:			

SCHEDULE 2
(Regulation 7(2))

MEDICAL ASSESSMENT FORM

A. AUTHORISATION

The Accident Compensation Commission Fiji (ACCF) has referred your application for compensation for personal injury as a result of an accident in Fiji for further medical assessment.

Further medical assessment may include physical examinations, tests and investigations to assess management and current status, fitness, diagnosis, causation, permanent impairment and rehabilitation.

A medical report will be prepared by a medical practitioner appointed by ACCF. Results of relevant physical examinations, tests and investigations may also form part of the medical report.

By signing this form, you consent to the medical assessment being carried out, as well as your medical report being sent to ACCF.

1. Authorisation by person with personal injury

I authorise the conduct of further medical assessment on me, as well as the referral of my medical report to ACCF.

Print your full name:	Date: [day/month/year]
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Your signature:

Your left thumb print (alternative):

2. Authorisation by representative (if applicable)

I authorise the conduct of further medical assessment on [full name of person with personal injury], as well as the referral of [his/her] medical report to ACCF.

Print full name of representative:	Date: [day/month/year]
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Signature of representative:

B. MEDICAL REPORT

1. Details of person with personal injury

Name: [full name]	Date of birth: [day/month/year]
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Sex: [male/female]

Address:
Examination Date:
Location of Examination:
Diagnosis:
2. Details of accident
Date of accident: [day/month/year]
Description of accident:
3. Details of initial medical assessment
Date of initial medical assessment: [day/month/year]
Name of medical practitioner:
Location of examination:
4. Further medical assessment
Are the injuries/conditions consistent with the circumstances of the accident described to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical diagnosis or description of injury:
Clinical findings or objective test results:
History of clinical presentation:
Functional history:

Physical examination or physical findings:
Medical record review: chronology of medical evaluation, diagnostic studies, and treatment for injury or illness:
Burden of treatment compliance: (if applicable)

Impairment rating and rationale - Organ System and Whole Person Impairment (WPI):					
<i>Body Part or System</i>	<i>Chapter Number, Page Number, Table Number</i>	<i>Key Factor & class</i>	<i>Grade Modifiers for: Functional History Physical Examination, Clinical Studies & BOTC (if applicable)</i>	<i>Final Class & grade used in rating</i>	<i>Whole person impairment (%)</i>
Calculation of Whole Person Impairment:					
Discussion of Rationale of Impairment and any Possible Inconsistencies in the Examination:					

Recommendation: (further diagnostic or therapeutic follow up care)			
Was person admitted in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Which hospital?			
Was it longer than 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did person require an ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposed treatment plan			
<input type="checkbox"/> Nil <input type="checkbox"/> Short term (less than 2 weeks) <input type="checkbox"/> Medium term (less than 6 weeks but more than 2 weeks) <input type="checkbox"/> Long term (more than 12 weeks)			
Degree of injury suffered and recommended percentage of impairment (if applicable):			
5. Details of medical practitioner			
Name: [full name]			
Place of employment:			
Phone numbers:	Home:	Work:	Mobile:
E-mail address:			
Professional qualification:			
6. Declaration of medical practitioner			
I confirm to the best of my knowledge that all the information I have provided in this report is true and correct.			
Name: [full name]			
Signature:			
Date: [day/month/year]			

[LEGAL NOTICE NO. 110]

ACCIDENT COMPENSATION ACT 2017

Accident Compensation (Levies) Regulations 2017

IN exercise of the powers conferred on me by section 35 of the Accident Compensation Act 2017 and following consultation with the Accident Compensation Commission Fiji, I hereby make these Regulations—

PART 1—PRELIMINARY

Short title and commencement

1.—(1) These Regulations may be cited as the Accident Compensation (Levies) Regulations 2017.

(2) These Regulations come into force on 1 January 2018.

Interpretation

2. In these Regulations, unless the context otherwise requires—

“Act” means the Accident Compensation Act 2017;

“Authority” means the Land Transport Authority established under section 6 of the Land Transport Act 1998;

“motor vehicle” has the same meaning as in section 2 of the Land Transport Act 1998, and for the purposes of these Regulations, includes a trailer; and

“VAT” means Valued Added Tax.

PART 2—MOTOR VEHICLE ACCIDENT LEVY

Payment of Motor Vehicle Accident Levy upon registration or renewal of registration

3.—(1) For the purposes of section 30(2)(a) of the Act and section 52 of the Land Transport Act 1998, the owner of a motor vehicle must, upon the registration or renewal of registration of the motor vehicle with the Authority, pay to the Authority the annual Motor Vehicle Accident Levy as set out in the Schedule.

(2) Nothing in subregulation (1) prevents the payment of any other fee or levy required under the Land Transport Act 1998 and its subsidiary legislation, for the registration or renewal of a motor vehicle.

(3) The Authority must collect the annual Motor Vehicle Accident Levy upon the registration or renewal of registration of a motor vehicle with the Authority and remit, as soon as practicable following any such collection, the Motor Vehicle Accident Levy to the Accident Compensation Fund.

Made this 20th day of December 2017.

A. SAYED-KHAIYUM
Attorney-General and Minister responsible for justice

SCHEDULE
(Regulation 3(1))

MOTOR VEHICLE ACCIDENT LEVIES

Class	Description of Motor Vehicle	Motor Vehicle Accident Levy (exclusive of VAT)
1	Private	\$57.80
2	Commercial	\$57.80
3A	Light goods – no passengers	\$115.60
3B(1)	Light goods – 11 passengers or less	\$115.60
3B(2)	Light goods – over 11 passengers	\$115.60
3C	Heavy goods – no passengers	\$115.60
3D(1)	Heavy goods – 11 passengers or less	\$115.60
3D(2)	Heavy goods – over 11 passengers	\$115.60
4	Taxi (not less than 4 passengers and not more than 5 passengers) and licensed hire vehicles up to 5 passengers	\$123.85
5A	Minibus (not less than 8 passengers and not more than 15 passengers) and licensed hire vehicles more than 5 passengers	\$227.52
5B	Omnibus (not less than 16 passengers)	\$280.73
6	Fire brigade, ambulance	\$70.64
7	Motor cycle	\$33.03
8	Trailer	\$33.03
9A	Motor trade plate	\$62.39
9B	Tow truck	\$62.39
10	Rental (not more than 8 passengers)	\$156.88
11	Miscellaneous (tractor, hearse, roller, mobile equipment)	\$33.03
12	Administration fee (alteration, transfer, duplicate)	\$13.76

The classification criteria of the Authority is applicable to determine the levy payable as per the description of a motor vehicle.