

CLAIMANT CERTIFICATE

Pursuant to section 5A of the Personal Injuries Proceedings Regulation 2014 (PIP Regulation); Statutory Declaration made pursuant to the Oaths Act 1867

Notice to claimant

You are required to sign this certificate to the best of your knowledge in the presence of an eligible witness. If you require further information about why you need to sign the certificate or have any concerns about the certificate you should visit **LSC website** or speak to your lawyer.

I, of

in the State or Territory of , do solemnly and sincerely declare that:

1. I am the claimant in respect of a claim for damages for injury which occurred on ___/___/___ ("the claim").
2. I make this claim on my own initiative.
3. Please check the box which applies to this claim:
 I **was not** personally approached or contacted by a person and solicited or induced to make this claim; **OR**
 I **was** personally approached or contacted by a person and solicited or induced to make this claim.

The name and contact details of this person are as follows:

The circumstances in which this person approached or contacted me are as follows (e.g. in person, by telephone, email or other form of communication and by whom and when):

4. Please check the box which applies to this claim:
 I have not retained a law practice to act for me in relation to this claim; **OR**
 I am not aware of the law practice that I have retained giving consideration (i.e. a fee, gift or benefit) to a person for my referral to, or engagement of, this law practice; **OR**
 I am aware of the law practice that I have retained giving consideration (i.e. a fee, gift or benefit) to a person for my referral to, or engagement of, this law practice. The details of this consideration are as follows (e.g. amount paid, amount paid to whom):

I have read and understood the contents of this form. By virtue of the provisions in the Oaths Act 1867, I declare that the contents of this form are true. Where the contents of this form are based on information and belief, the contents are true to the best of my knowledge. I understand that a person who provides a false matter in a declaration commits an offence.

Complete the following signature block ONLY if signing and witnessing a hard copy of this form.

± The signatory is responsible for ensuring this form is completed and provided to each recipient as required under the applicable legislation. For claims that fall under multiple schemes, this form should be provided to each relevant body in accordance with the relevant Act.

Signature of declarant / substitute signatory

Date

If signing as substitute signatory*:

I have been directed by the declarant to sign this form and have legal capacity.

Taken and declared before me*:

Signature of witness

Place

Date

Surname/family name of witness

Given name/s of witness

Qualification of witness

Seal of office (if applicable)

Details of substitute signatory* (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the declarant

Reason why the declarant cannot sign

**Please refer to the Oaths Act 1867 (Qld) for details about who is an eligible witness or who can be a substitute signatory for this form.*

ELECTRONIC SIGNATURES

Complete this page and signature block ONLY if signing and/or witnessing this form electronically

I state that:

- This declaration was made in the form of an electronic document (tick if applies)
- This declaration was electronically signed (tick if applies).
- This declaration was made, signed and witnessed under Part 6A of the *Oaths Act 1867 (QLD)*.

Signature of declarant / substitute signatory

Date

If signing as substitute signatory*:

- I have been directed by the declarant to sign this form and have legal capacity.

ELECTRONIC SIGNATURES (if applicable)

For special witnesses* to complete (tick all that apply)

- I am a special witness under the Oaths Act 1867 (see section 12 of the *Oaths Act 1867 (Qld)*)
- This document was made in the form of an electronic document.
- I electronically signed this document.
- This declaration was made, signed and witnessed under Part 6A of the *Oaths Act 1867 (QLD)*.

Taken and declared before me*:

Signature of witness

Place

Date

Surname/family name of witness

Given name/s of witness

Qualification of witness

Seal of office (if applicable)

Details of substitute signatory* (if applicable)

Surname/family name of substitute signatory

Given name/s of substitute signatory

Relationship to the declarant

Reason why the declarant cannot sign

**Please refer to the Oaths Act 1867 (Qld) for details about who is an eligible witness or who can be a substitute signatory for this form.*