



Medical Practitioner, Motor Accident Injury Assessment Scheme

I (title and full name)

have read the "Motor Accident Injury Assessment Scheme" document and understand my obligations as an Accredited Medical Practitioner.

I agree to:

- Provide my opinions and reports in accordance with the Civil Liability Regulations and requirements as detailed in the document titled "Motor Accident Injury Assessment Scheme".
- Provide reports within 30 days of assessment, as required by the *Civil Liability Regulations 2013*.
- Provide reports in such format as determined by the Minister (Injury Scale Value (ISV) Medical Assessment Report for Physical Injuries and/or Pure Mental Harm).
- Comply with the conditions and service standards outlined in the document titled "Motor Accident Injury Assessment Scheme".

Please complete the contact details below to ensure the correct information is published in the Register of Accredited Medical Practitioners, listed on both the Motor Accident Injury Assessment Scheme website and the Motor Accident Commission website:

Phone: Fax:

Address:

.....

Country visit locations:

.....

.....

Signature: Date: / /



Government
of South Australia