

**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))*

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

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |                                  |         |
| Name of employer (if applicable):  |       |                                  |         |
| Occupation:  |       |                                  |         |
| Phone numbers:   | Home: | Work:                            | Mobile: |
| Residential address:   |       |                                  |         |
| Postal address:  |       |                                  |         |
| E-mail address:  |       |                                  |         |
| Bank:  |       |                                  | TIN:    |
| Account name:  |       |                                  |         |
| Account number:  |       |                                  |         |

| 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 <b>not</b> 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:  | TIN:               |
| Account number:  |                    |
| <b>Person who suffered injury or death</b>   |                    |
| 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   |                    |
| <b>4. Collection of relevant records</b>   |                    |
| To establish claim for compensation, please provide the following:   |                    |
| <ul style="list-style-type: none"> <li>• photographic identification</li> <li>• medical report</li> <li>• police report</li> <li>• certificate of death (if applicable)</li> <li>• probate or letter of administration (if applicable)</li> <li>• details of accident</li> <li>• medical history relevant claim</li> <li>• specialist reports and assessments</li> <li>• employment details and history</li> </ul> |                    |
| 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]  |                    |
| <b>5. Declaration and authorisation</b>  |                    |
| 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:  |   |
| <b>6. Application checklist</b>   |   |
| 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:<br><input type="checkbox"/> You have enclosed them with this form. If so, how many medical certificates have you enclosed?<br>or<br><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.