

















# Application Form

1 Constitution Avenue, Canberra City ACT 2601 Ph: 13 22 81

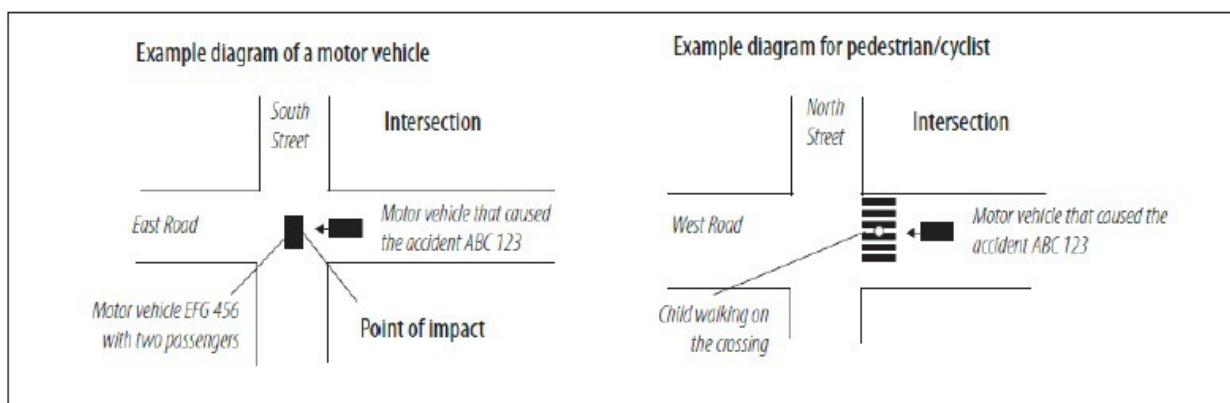


## Section 5 : Description of the Accident

Please provide as many details as possible

**5.1 Describe the accident including who was considered to have caused the accident and how the accident happened. If available, attach any relevant documents or photos.**

**5.2 Draw a diagram of the accident. Include intersections, streets, roads and their names. Show the point of impact and position of all motor vehicles.**

















# Application Form

1 Constitution Avenue, Canberra City ACT 2601 Ph: 13 22 81



## Checklist

Before sending this Application Form to the Lifetime Care and Support Commissioner of the ACT please ensure that you have completed the following steps

- ☐ The accident has been reported to the police
- ☐ The declaration on page 13 has been signed in the presence of a solicitor or Justice of the Peace
- ☐ Proof of age / identity has been attached, that is a certified copy of a birth certificate, passport or drivers licence
- ☐ Medical Certificate and WeeFIM / FIM worksheets completed and attached
- ☐ A copy of the Application Form and any accompanying information have been made for your own records

## More information

Contact the Lifetime Care and Support  
Commissioner on 13 14 81 or visit  
[www.act.gov.au/LTCSS](http://www.act.gov.au/LTCSS)<http://www.treasury.act.gov.au/lcsc>