Compensation Information Form

When to use this form

This form lets us know about compensation you are receiving, about to receive, have received in the past or may be entitled to receive.

You will need to complete a separate Compensation Information Form (CIF) for every compensation claim you have ever been paid or are eligible to claim.

More information

We understand compensation can be complicated. We have information on our website to help.

Go to **ndis.gov.au/participants/compensation-and-your-plan**

Filling in this form

You can complete this form:

- on your computer, print and sign it, or
- by using black or blue pen and print in block letters

Where there is a checkbox (☐) you can tick the box or boxes that are relevant to your circumstances.

How do I return this form to the NDIA?

There are a few ways you can return this form to us:

Email: compensation@ndis.gov.au

Mail: Compensation & Recoveries Branch
National Disability Insurance Agency
GPO Box 700
CANBERRA ACT 2600

In person: Visit a **Local Area Coordinator, Early Childhood Partner** or **NDIS office** in your area

We’re here to help

If you need any help completing this form we can help:

By phone

- NDIS National Contact Centre **1800 800 110**
- TTY users **1800 555 677**
- Speak and Listen users **1800 555 727**
- To speak to us in your language, please call **131 450** and ask to speak to the NDIA on 1800 800 110

Online

- Internet Relay Users: **relayservice.gov.au**
- Compensation inbox: **compensation@ndis.gov.au**
- NDIS website: **ndis.gov.au**

Part A - Participant or prospective participant details

First Name	
Middle Name	
Family Name	
Date of birth	
NDIS number *(if known)*	

Part B - Parent, legal guardian or legal representative to complete

Fill out this section if you are completing this form on behalf of:

- a person under 18 years for whom you have parental responsibility, or
- a person for whom you are a legal guardian or legal representative.

1.	**What is your relationship to the participant or prospective participant?**	**(please select)**
	Power of attorney – please provide a copy	☐
	Court, tribunal, guardianship, or administration order – please provide a copy	☐
	Plan nominee	☐
	Parent (only if the participant is a child under 18 years old)	☐

2.	**Details of authorised person**	
	Name	
	Date of birth	
	Address	
	Phone number	
	Email	

3.	**Authorised organisation details (if applicable)**	
	Organisation Name	
	ABN	

Part C – Your Injury

4.	**Where did the injury occur?**	**(please select)**
	New South Wales (NSW)	☐
	Victoria (Vic.)	☐
	Queensland (QLD)	☐
	Western Australia (WA)	☐
	South Australia (SA)	☐
	Tasmania (Tas.)	☐
	Australian Capital Territory (ACT)	☐
	Northern Territory (NT)	☐
	Other country (please specify)	☐
5.	**Date of injury**	
6.	**Please describe your injury in the box below?**	
	Description of injury:	

Part D – Your Compensation Claim

7.	**What stage is your compensation claim at?**	**(please select)**
	No claim made – go to Part G	☐
	Advised not to make a claim – go to Part G	☐
	Started but not finished – go to question 8	☐
	Finished – claim was successful – go to question 8	☐
	Finished – claim was unsuccessful – go to question 12	☐
8.	**Do you have a legal representative?**	**(please select)**
	Yes – go to question 9	☐
	No – go to question 10	☐
9.	**Who is your legal representative?**	
	Name	
	Company or organisation name	
	Address	
	Phone	
	Email	
10.	**What type of compensation has been or will be claimed?**	**(please select)**
	Motor vehicle accident	☐
	Workers Compensation	☐
	Medical Negligence	☐
	Public Liability	☐
	Criminal Injuries / Victims Compensation	☐
	Sporting Injury	☐
	Other (please provide details)	☐

11.	**Who is the compensation payer?** (if you need more space, attach separate sheet with details)	
	1) Name	
	Address	
	Phone	
	Email	
	2) Name	
	Address	
	Phone	
	Email	
12.	**If your claim was unsuccessful — why?** (please provide documentation)	**(please select)**
	Advised the claim was unlikely to succeed	☐
	Insurer denied the claim	☐
	Mediation/court decision	☐
	I had insufficient supports to proceed (please provide details):	☐
13.	**Do you or have you received ongoing supports from a service other than the NDIS?**	**(please select)**
	Yes – please provide documents	☐
	No	☐

Part E – Claim finalised

14.	**When did your claim finalise?** (please provide evidence)	

15.	**Did you receive a lump sum payment?**		**(please select)**
	Yes – go to 16		☐
	No – go to 17		☐
16.	**What was the amount of your lump sum payment?** (please provide evidence)	$ _____	
17.	**Did you receive any periodic payments**		**(please select)**
	Yes		☐
	No		☐
18.	**Was any part of the payment for:** (please provide documents)		**(please select)**
	Past medical expenses		☐
	Future medical expenses		☐
	Past care and/or supports		☐
	Future care and/or supports		☐
19.	**Was the lump sum reduced because you were partially at fault?**		**(please select)**
	Yes – please provide documents		☐
	No		☐
20.	**Were you subject to a Centrelink preclusion period because of your compensation claim?**		**(please select)**
	Yes – please provide documents		☐
	No		☐
21.	**Has Centrelink or Medicare received any repayments from your compensation payment?**		**(please select)**
	No		☐
	Yes, Centrelink – please provide documents		☐
	Yes, Medicare – please provide documents		☐

Part F — Pre Existing Impairment or Disability

22.	**Did you have an impairment or disability before this injury or accident?**	**(please select)**
	Yes – go to question 23	☐
	No - go to Part H	☐
23.	**Did your care needs change because of the injury or accident?**	**(please select)**
	Yes – please provide documents	☐
	No	☐

Part G – No claim made

24.	**Have you sought advice for your injury?**	**(please select)**
	Yes — please provide documents	☐
	No — go to question 25	☐
25.	**Why have you not made a claim for compensation for your injury?**	
	Claim not made because:	
26.	**What type of event caused your injury or accident?**	**(please select)**
	Motor vehicle accident	☐
	Workers Compensation	☐
	Medical Negligence	☐
	Public Liability	☐
	Criminal Injuries/Victims Compensation	☐
	Sporting Injury	☐
	Other (please specify):	☐

Part H Your Declaration

I confirm the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence
- this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission. For more information on the NDIS privacy policy please visit **ndis.gov.au/about-us/policies/privacy**

Full name	
Relationship to participant (if applicable) e.g. child representative, plan nominee	
Signature	
Date signed	