



**THE ACCIDENT REHABILITATION AND COMPENSATION  
INSURANCE (FORMS) REGULATIONS 1993**

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CATHERINE A. TIZARD, Governor-General

**ORDER IN COUNCIL**

At Wellington this 1st day of March 1993

Present:

THE HON. DOUG KIDD PRESIDING IN COUNCIL

PURSUANT to section 167 of the Accident Rehabilitation and Compensation Insurance Act 1992, Her Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

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**REGULATIONS**

**1. Title and commencement**—(1) These regulations may be cited as the Accident Rehabilitation and Compensation Insurance (Forms) Regulations 1993.

(2) These regulations shall come into force on the 1st day of April 1993.

**2. Interpretation**—(1) In these regulations, unless the context otherwise requires, “Act” means the Accident Rehabilitation and Compensation Insurance Act 1992.

(2) In these regulations, unless the context otherwise requires, expressions defined in or for the purposes of the Act have the meanings so defined.

**3. Forms**—(1) The forms for the purposes of work injury claims, work injury reports, and treatment certificates pursuant to the Act shall include those matters prescribed in the Schedule to these regulations.

(2) The layout of each form shall be determined by the Corporation and shall be such as to allow sufficient space for information to be written on the form.

(3) The forms, other than the work injury report, shall be completed in triplicate or such other number of copies as may be specified by the Corporation. The work injury report shall be completed in quadruplicate or such other number of copies as may be specified by the Corporation.

(4) The forms may include explanatory notes to assist the completion of the form, and give directions to the person completing the form.

(5) Each form shall require certification of, or declarations in relation to, the accuracy and completeness of the information included in the form and the release of information to the Corporation.

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SCHEDULE  
PRESCRIBED FORMS

Reg. 2

## Form 1

## WORK INJURY CLAIM

*(Section 63, Accident Rehabilitation and Compensation Insurance Act 1992)*

The claim number .....

*Personal Details:*

The claimant's title (i.e. Mr, Mrs, Ms, Miss, Dr).

The claimant's full name (and any other names by which the claimant is known).

The claimant's gender.

The claimant's date of birth.

The claimant's address.

The claimant's home and work telephone numbers.

Whether or not the claimant is in paid employment and, if so, the claimant's occupation.

The country in which the claimant normally lives.

*Employment Details:*

The name and address of the claimant's employer or, if self-employed, the name of the business the claimant operates under.

*Claim History:*

Whether or not the claimant has claimed for the personal injury before, and, if so, the claim number.

SCHEDULE—*continued*PRESCRIBED FORMS—*continued*Form 1—*continued*WORK INJURY CLAIM—*continued*

*Personal Injury Details* [Only required where this is the first claim for the personal injury]:

The cause of the personal injury.

The date and time of the personal injury.

The name of the hospital, doctor, or dentist help is first sought from and the date of the first visit.

Whether or not a vehicle was involved.

Whether or not the personal injury happened at work.

Whether or not it was a sporting injury and, if so, the name of the sport.

Whether or not the personal injury occurred in New Zealand.

The name of the city or town in which, or nearest to the place, the personal injury happened.

*Claimant's Declaration:*

The date on which the claimant gave the declaration.

Where an authorised signatory completes the form, the relationship to the claimant and the reason why the claimant is unable to sign.

*Claim:*

The amount of the claim.

*Medical Certificate:*

The diagnosis and/or description of the personal injury, or, in a claim involving conduct of a kind described in section 8(3) of the Act, the relevant section number from the First Schedule to the Act.

Whether or not the claimant is able to resume full work duties and, if not, the period for which the claimant is unable to do so, including the commencement date.

Where the claimant can only perform selected work duties, the description of those duties.

Whether or not immediate support or assistance is required and, if so, the nature of that support or assistance.

Where a general practitioner is completing this part of the form, the name of the person to whom the general practitioner refers the claimant, if any.

The date of the referral.

The current therapy or investigations.

The suggested treatment or objective of treatment.

SCHEDULE—*continued*PRESCRIBED FORMS—*continued*Form 1—*continued*WORK INJURY CLAIM—*continued**Doctor's Declaration:*

The name, address, account number, and the New Zealand Medical Council registration number of the doctor, or the New Zealand Dental Council registration number (as the case may be).

The date of the declaration.

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 Form 2

## WORK INJURY REPORT

(Section 65, Accident Rehabilitation and Compensation Insurance Act 1992)

The name of the injured person and their employee number (where applicable).

The date and time of the injury.

The nature of the injuries.

The name of the employer.

The employer's ACC number, or, if that number is not available, the employer's Inland Revenue Department number.

The employer's premium class number.

The type of industrial activity the employer is engaged in.

The address of the location where the injury occurred.

A description of how the injury occurred.

Whether or not the employer accepts the injury as a work injury.

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 Form 3

## TREATMENT CERTIFICATE

(Section 64, Accident Rehabilitation and Compensation Insurance Act 1992)

[Where completed by a doctor registered with the New Zealand Medical Council.]

The claim number .....

*Personal Details:*

The claimant's title (i.e. Mr, Mrs, Ms, Miss, Dr).

The claimant's full name.

The claimant's date of birth.

The claimant's address.

The date and time of the personal injury.

The claimant's occupation.

SCHEDULE—*continued*PRESCRIBED FORMS—*continued*Form 3—*continued*TREATMENT CERTIFICATE—*continued**Injury Details:*

The claimant's description of the cause of the personal injury.

The date on which the doctor completing the form first saw the claimant in respect of the personal injury.

The diagnosis and a narrative description of the personal injury with prognosis.

Whether or not the claimant is able to resume full work duties and, if not, the specific period for which the claimant is unable to do so.

Where the claimant can only perform selected duties, the description of those duties.

The date of the next appointment, or, if no further appointment is needed, the date on which the claimant is fit to resume normal work.

*Referral:*

If referred, the name and description of the treatment provider or hospital referred to.

*Doctor's Declaration:*

A statement as to whether or not the doctor believes the injuries constitute personal injury.

The name, address, and the New Zealand Medical Council registration number of the doctor.

The date of the declaration.

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 Form 4

## DENTAL TREATMENT CERTIFICATE

(Section 64, Accident Rehabilitation and Compensation Insurance Act 1992)

[Where completed by a dentist.]

The claim number .....

*Personal Details:*

The claimant's title (i.e. Mr, Mrs, Ms, Miss, Dr).

The claimant's full name.

The claimant's date of birth.

The claimant's address.

The claimant's occupation.

The date and time of the personal injury.

Whether the claimant has made any previous dental claims and, if so, in what year.

SCHEDULE—*continued*PRESCRIBED FORMS—*continued*Form 4—*continued*DENTAL TREATMENT CERTIFICATE—*continued**Injury Details:*

The claimant's description of the cause of the personal injury.

Details of damage to oral tissue.

Details of damage to teeth, including specifying which teeth were damaged.

Whether there were any restorations in the damaged teeth prior to the personal injury.

Whether caries were present in the damaged teeth prior to the personal injury.

Whether there was periodontal disease about the damaged teeth.

*Treatment:*

The date on which the dentist completing the form first saw the claimant in respect of the personal injury.

Details of the treatment provided, together with a prognosis.

The date on which the treatment was completed.

*Fees:*

The cost of treatment.

*Dentist's Declaration:*

A statement as to whether the treatment recorded was required exclusively to repair the damage occasioned by the personal injury, that the claimant is not entitled to any benefit under the Social Security (Dental Benefits) Regulations 1983\*, and whether or not the treatment has been completed.

The name and address of the dentist.

The date of the declaration.

The dentist's New Zealand Dental Council registration number.

The dentist's goods and services tax number.

\*S.R. 1983/151

MARIE SHROFF,  
Clerk of the Executive Council.

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## EXPLANATORY NOTE

*This note is not part of the regulations, but is intended to indicate their general effect.*

These regulations, which come into force on 1 April 1993, prescribe the matters to be included in forms for the purpose of making work injury claims, work injury reports, treatment certificates, and dental treatment certificates.

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Issued under the authority of the Acts and Regulations Publication Act 1989.

Date of notification in *Gazette*: 4 March 1993.

These regulations are administered in the Accident Rehabilitation and Compensation Insurance Corporation.