

Financial hardship

If your Compulsory Third Party (CTP) claim has been accepted and you are experiencing financial hardship as a result of your accident, you may be eligible to receive an interim payment from your insurer.

The CTP Scheme recognises the financial impact that injuries from a motor vehicle accident can have on you and your family, particularly if you are unable to work because of your injuries.

Am I eligible for an interim payment?

If you are experiencing financial hardship, demonstrated by your:

- being unable to work (full or part-time)
- spouse or partner being unable to work because of your injuries, and
- being unable to focus on your recovery due to financial stress

you may be eligible to receive an interim payment from your insurer. Your claim must also meet the eligibility criteria below:

- Fault has been established for the accident.
- There is enough evidence to establish your entitlement to compensation.
- The interim payment will not exceed the overall estimated value of your claim.
- There is no suspicion of fraud.
- You have provided a valid authority for your insurer to obtain relevant information.

What information will the insurer need?

You must make your request for an interim payment in writing to your insurer. They will request evidence to support your request.

This can include:

- sickness certificates
- letters from employers confirming paid and/or unpaid leave taken, reduced hours or modified duties resulting in reduced income, or loss of overtime
- details of your pre- and post-injury income and expenditure
- financial records including business activity statements, bank account statements or correspondence with Centrelink.

What happens when I apply for an interim payment?

Your insurer must assess your request for an interim payment within seven business days of receipt.

If your request is approved, your insurer must:

- notify you as soon as possible
- notify Centrelink if applicable, as insurers are unable to progress an interim payment until approved by Centrelink

- obtain your signature on a discharge notice, as interim payments will be taken into account on settlement of your claim.

When the Centrelink clearance (if applicable) and signed discharge have been received by your insurer, they must make the interim payment to you within five business days.

If your request is denied, your insurer must notify you as soon as possible and provide you with details for the basis of the denial. If your application for an interim payment was denied due to lack of evidence, your insurer must advise you what further evidence is required.

You can find more information about interim payments in [Regulator Rule 16.1](#), available on our website.

Where can I get further information?

To find out whether you may be eligible for an interim payment, you should contact your insurer.