



# Investigation Referral



This form requires completion for Integrity Support Service Referrals under \$5k with panel suppliers.

Quotes over \$5k must be approved by the Investigation Services Panel and cannot be approved by individuals. Please see the Integrity Services User Guide for the approval process for services over \$5k.

Suppliers are required to provide a quote based on the details provided below.

## Part A

This section is completed by ACC Investigator and emailed to the supplier

### 1. REFERRAL DETAILS

|                             |   |
|-----------------------------|---|
| Investigation Company name: |   |
| Address:                    | Email:  |
| Date of referral:           | <b>Estimated number of investigation hours:</b><br><i>(Additional hours require manager approval)</i> |

### 2. ACC DETAILS

|                        |        |
|------------------------|--------|
| ACC Investigator name: | Phone: |
| Fax:                   | Email: |
| Postal address:        |        |
| Case Owner name:       | Phone: |
| ACC Office:            |        |

### 5. INJURY AND INCAPACITY DETAILS

|  |                                       |
|--|---------------------------------------|
| Date of injury:                        | Expiry of latest medical certificate: |
| Injury site and description:           |                                       |
| Degree of incapacity and restrictions: |                                       |

### 6. EMPLOYMENT DETAILS

|  |
|--|
| Occupation prior to injury/incapacity: |
| Employer name:                         |
| Employer address:                      |

### 7. LOCATION AND BACKGROUND INFORMATION

|  |
|--|
| Clients Street:  |
| Clients Suburb and Town:   |
| Additional Information e.g. Claim details, Employment History, Current Rehabilitation Status, etc: |

### 8. SUMMARY OF ALLEGATION/CONCERN

|  |
|--|
|  |
|--|

### 9. INVESTIGATION OBJECTIVES AND PLAN

|  |
|--|
|  |
|--|

## 10. CLIENT CONSENT

Tick the appropriate box(es) and state the date(s) when the client provided ACC with their consent to collect and release information.

ACC45 Date:

ACC2 or ACC167 Date:

ACC18 Date:

Initial interview script Date:

## 11. SUPPORTING DOCUMENTS

1.

2.

3.

4.

5.

List others:

## 12. CONFLICT OF INTEREST

I, NAME OF ACC STAFF MEMBER have made diligent inquiry whether NAME OF PROVIDER has any actual, potential or perceived Conflict of Interest were it to provide the Services described in this Advertising Services Order and I have disclosed any actual, potential or perceived Conflict of Interest and how it will be managed below:

DETAIL CONFLICTS OR ENTER NIL

*The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.*

## Part B

This section is to be completed by the supplier and returned by email to the ACC Investigator, and cc'd to the Team Administrator at [IntegrityServicesAdm@acc.co.nz](mailto:IntegrityServicesAdm@acc.co.nz) **within three working days.**

If you would like to discuss this referral, please contact the ACC Investigator.

Do not initiate any work until you have received acceptance of the quote from the ACC Investigator. Acceptance will be provided by ACC Investigators executing Part C.

## 1. SUPPLIER QUOTE

|                               |                     |
|-------------------------------|---------------------|
| Start Date:                   | End Date:           |
| Travel Time: \$               | Administration: \$  |
| Hourly Rate \$                |                     |
| <b>Total Fee \$:</b>          |                     |
| Name of Authorised Signatory: | Title of Signatory: |
| Signature:                    |                     |

## 2. CONFLICT OF INTEREST

I, NAME OF AUTHORISED SIGNATORY OF PROVIDER have made diligent inquiry whether NAME OF PROVIDER has any actual, potential or perceived Conflict of Interest were it to provide the Services described in this Advertising Services Order and I have disclosed any actual, potential or perceived Conflict of Interest and how it will be managed below:

DETAIL CONFLICTS OR ENTER NIL

## Part C

This section is executed by the ACC Investigation Area Manager as acceptance of the quote.

| 1. ACC ACCEPTANCE OF QUOTE   |         |                       |
|--|---------|-----------------------|
| Name of Authorised Signatory:  |         | Title of Signatory:   |
| Signature:   |         |                       |
| 2. CLIENT DETAILS  |         |                       |
| <i>The Client's Personal details can only be provided on acceptance of the quote</i> |         |                       |
| Client family name:  |         | Client first name(s): |
| IRD number:  |         | ACC claim number:     |
| Date of birth:   | Age:    | Gender:               |
| Phone:   | Mobile: | Other:                |
| Home address:  |         |                       |

| 3. PHYSICAL DESCRIPTION  |  |
|--------------------------|--|
| Description of client:   |  |
| Description of vehicles: |  |

Send your report and invoice (quoting the claim number, invoice number and cost centre code **[code]**) to the ACC Investigator **within 20 working days** of receiving this referral.

## Part D

This section is executed by the Supplier as acceptance of the quote.

| 5. SUPPLIER ACCEPTANCE OF QUOTE |                     |
|---------------------------------|---------------------|
| Name of Authorised Signatory:   | Title of Signatory: |
| Signature:                      |                     |

Once approved, no changes are to be made to this document without the written agreement of both the Supplier and ACC.

The process of documenting changes to an agreed ACC157 is performed in accordance with the Change Control Procedure in the Master Agreement.