

Submission  
No 21

**INQUIRY INTO 2025 REVIEW OF THE COMPULSORY  
THIRD PARTY INSURANCE SCHEME**

**Name:** Mr Adam Mercer

**Date Received:** 30 January 2026

---

Partially  
Confidential

---

**From:**  
**Sent:** Friday, 30 January 2026 5:08 PM  
**To:** Law  
**Cc:**  
**Subject:** CM: Correspondence for retention - request to participate in future review of the NSW Compulsory Third Party insurance scheme

Dear ,

My name is Adam Mercer. I am a NSW resident and a claimant under the NSW Compulsory Third Party (CTP) insurance scheme following a motor vehicle accident on 14 November 2022. My NRMA claim number is

I am aware that the Standing Committee on Law and Justice's 2025 review of the Compulsory Third Party insurance scheme has closed for submissions, and I understand that the Committee's role is to examine the *operation of the scheme*, rather than to investigate or determine individual claims. In that context, I respectfully request that this correspondence be formally recorded and retained for consideration in any future review or evidence-gathering process.

My experience as a claimant provides a clear, real-world case study of how the scheme is operating in practice and highlights a number of systemic issues that extend beyond my individual circumstances.

Since the accident, I have been continuously certified as having no current capacity for work and as medically unfit for employment. My claim has been administered by NRMA Insurance. Over an extended period, the handling of my claim has involved repeated delays, refusals, and withdrawals of treatment; inconsistent and inadequately reasoned decisions; reliance on contested external material; and administrative failures that have materially worsened both my physical and psychological condition.

Importantly, these issues have required repeated escalation merely to maintain access to basic care and have undermined the scheme's stated objectives of early recovery, continuity of treatment, and minimisation of harm to injured persons.

By way of illustration only, my experience has included the following representative failures, which I raise to demonstrate scheme-level operational issues rather than to re-argue my claim:

- reliance on an accident investigation report that contradicted available video and witness evidence, yet was used to maintain an adverse liability position;
- suppression of weekly benefits through a forensic accounting report that ignored a signed commission-based employment contract and imposed impractical evidentiary deadlines during holiday shutdown periods;
- a repeated pattern in which diagnostic or interim treatment was approved, but the definitive treatment those diagnostics confirmed was necessary was subsequently denied, forcing reliance on Medicare and out-of-pocket funding;
- administrative and communication failures, including misdirected or incorrect correspondence involving treating practitioners, which directly disrupted treatment pathways;

- restriction of direct communication with the insurer following escalation to senior management, increasing legal costs and reducing transparency for a medically vulnerable claimant;
- reliance on an insurer-commissioned medico-legal report asserting 0% whole person impairment, despite contrary prior assessments and a subsequent Personal Injury Commission determination confirming a materially higher impairment level.

As a direct consequence of treatment refusals and delays, I have been forced to obtain urgent medical care through Medicare and to fund treatment personally. This outcome is inconsistent with the intent and operation of the NSW CTP scheme and results in cost-shifting to injured persons and the public health system where treatment is reasonable, necessary, and causally related to a motor vehicle accident.

I have pursued multiple oversight and escalation pathways. This includes the submission of a detailed complaint exceeding 333 pages to both the Australian Financial Complaints Authority (AFCA) and the State Insurance Regulatory Authority (SIRA). Despite the volume and seriousness of the material provided, no substantive investigation of the core issues raised has occurred to date.

I have also raised concerns directly with NRMA's Chief Executive Officer, Ms Julie Batch, after which I was removed from direct correspondence and informed that NRMA would only engage with my solicitor.

In addition, I wrote to my local State MP, Mr Paul Toole, outlining the problems I have encountered under the scheme. That avenue has proven fruitless and did not result in meaningful intervention or resolution, further reinforcing my concern about the effectiveness of existing accountability pathways.

I have also lodged complaints with the Health Care Complaints Commission (HCCC) and the Health Professional Councils Authority (HPCA) in relation to Dr [redacted] who was engaged by NRMA to prepare a medical report asserting that my whole person impairment (WPI) was 0%. That opinion is directly inconsistent with a prior assessment of approximately 20% WPI, and the Personal Injury Commission has since confirmed a WPI of 15%. I raise this not to re-litigate my matter, but because it highlights broader issues around the quality assurance, independence, and accountability of insurer-commissioned medico-legal assessments within the scheme.

Based on my contemporaneous records, the conduct in my matter appears to involve significant and repeated non-compliance with the governing CTP legislation, Motor Accident Guidelines, and insurer obligations — in excess of fifty separate instances. These failures are cumulative and systemic rather than isolated or inadvertent.

For the Committee's convenience, I have included below a concise **Issues Snapshot** summarising the key scheme-level issues my experience illustrates.

---

**Issues Snapshot — NSW Compulsory Third Party insurance scheme  
For retention and consideration in future parliamentary reviews**

**Claimant:** Adam Mercer (NSW)

**Insurer:** NRMA Insurance

**Accident date:** 14 November 2022

**Purpose:** This snapshot summarises scheme-level issues illustrated by my experience. It is provided to assist parliamentary consideration of the *operation and effectiveness* of the NSW CTP scheme and is **not** a request for investigation or determination of my individual claim.

1. **Treatment continuity and recovery outcomes** — repeated treatment interruptions and delays undermining recovery.
2. **Decision-making quality** — adverse decisions made without adequate engagement with treating evidence or sufficient reasons.
3. **Reliance on contested external material** — high-impact decisions based on disputed investigations, forensic accounting, and medico-legal reports.
4. **Medico-legal integrity** — significant variance between insurer-commissioned assessments and independent/PIC findings.
5. **Cost-shifting** — forced reliance on Medicare and personal funds for reasonable and necessary treatment.
6. **Oversight effectiveness** — extensive escalation to regulators, senior insurer management, and a local MP without substantive resolution.
7. **Patterned non-compliance** — repeated breaches suggesting systemic enforcement and accountability gaps.

Further material is available if requested, including a de-identified schedule of alleged non-compliances, a short chronology, and supporting medical and PIC determinations.

---

I respectfully request that this correspondence be retained on file and that I be considered for inclusion in any future review, inquiry, or evidence-gathering process relating to the Compulsory Third Party insurance scheme. I would be willing to provide a concise submission or oral evidence at an appropriate time should the Committee consider it useful.

Please note that this correspondence has been prepared with the assistance of AI tools, as my ongoing medical conditions significantly impair my capacity to concentrate and compile complex material for extended periods. All factual assertions are based on my personal experience and contemporaneous records.

I would appreciate confirmation that this correspondence has been received and retained, and advice as to any appropriate next steps.

Yours sincerely,  
Adam Mercer