STEPHEN BROWNE
PERSONAL INJURY LAWYERS

AUTHORITY TO SETTLE CLAIM

I: **Raymond George John MORRISON**

OF: **40 Toledo Circuit**
PORT KENNEDY WA 6172

HEREBY AUTHORISE and instruct my legal representatives, **STEPHEN BROWNE PERSONAL INJURY LAWYERS,** to settle my personal injury claim arising out of a work accident which occurred on 24 February 2022.

I HEREBY ACCEPT the offer made by QBE Insurance (Australia) Limited to settle this matter in the sum of:

$200,000.00 ("the Settlement Payment")

Plus a contribution towards legal costs in the sum of:

$9,500.00 ("the Party to Party Costs")

Plus disbursements in the sum of:

$4,400.00 ("the Disbursements")

I UNDERSTAND that from my award of damages the following sums are to be deducted:

1.	Balance of legal fees:	$9,500.00
2.	Outstanding medical and report expenses:	$0.00
3.	Medicare:	$813.80
4.	Private health insurer:	$1,570.00
5.	Other: outstanding service providers	$9,134.35

I CONFIRM that after payment of all legal costs and disbursements and after payment of all monies listed above I shall receive no less than the sum of **$178,981.85**.

I UNDERSTAND that from this sum I will be liable to repay any amounts outstanding to Centrelink (this includes any debts owing to Centrelink including any amounts owing to Child Support) and further I understand that a preclusion period may apply to further benefits from Centrelink. I understand that the likely preclusion period or payback period is to be …89……. weeks.

I FURTHER UNDERSTAND that QBE Insurance (Australia) Limited will pay 10% of the settlement sum to Medicare Australia ("Medicare") from which sum Medicare will deduct the cost of any accident-related Medicare benefits and the balance shall be forwarded to me by Medicare.

***I UNDERSTAND** that my weekly payments will continue for another 4 weeks or until registration of the documents (whichever is the earlier).

I UNDERSTAND that my entitlement to medical expenses has now ceased.

I UNDERSTAND that the settlement amount is tax-free.

***I UNDERSTAND** that I will be required to provide a voluntary resignation.

I CONFIRM THAT I FULLY UNDERSTAND that once I sign the discharge papers or consent to judgment papers I will never at any time be able to make any further claim for payment or compensation as a result of the injuries in the work accident which occurred on 24 February 2022.

I FURTHER CONFIRM that I have agreed to settle my claim after receiving advice from Counsel and from my legal representatives **STEPHEN BROWNE PERSONAL INJURY LAWYERS**.

I ACKNOWLEDGE that my decision was reached without any coercion and was done so after being apprised of matters including the risks and benefits of rejecting the final offer made by the insurer.

FURTHER, prior to agreeing to settlement of my claim, I was made aware that I could have the conference adjourned to obtain further evidence or advice.

Dated the 24 day of 10 2023

SIGNED: