

VISITING EXPENSES: DECLARATION FOR FAMILY MEMBERS OF AN INJURED CLIENT ADMITTED TO HOSPITAL

Information about claiming

Under the *Transport Accident Act 1986*, this benefit is restricted to the family member(s) of an injured client admitted to hospital who reside 100 kilometres or more from the hospital. This benefit is only payable while the client is in hospital and is restricted to the immediate family members only., e.g. partners, parents, grandparents, children, siblings. The TAC will pay a maximum allowance per claim which is indexed annually, refer to the TAC website for the amount applicable. This amount is the total capped amount that can be paid on the injured client's claim and is not for each individual person claiming. Reimbursement for visiting expenses for accommodation must be evidenced by original receipts.

Your privacy

The TAC respects your privacy. The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

For further information about travel expenses – including rates, please visit the TAC at www.tac.vic.gov.au/travel

Types of visiting expenses that can be claimed

Using this form, the immediate family members of an injured client admitted to hospital can claim the following kinds of expenses:

- Taxi (original receipts must be provided)
- Air flights (original receipts must be provided)
- Rail, train or bus expenses, including myki travel (original receipts or a myki statement must be provided, where possible)
- Private travel expenses
- Car-parking (original receipts must be provided, where Possible)
- Freeway tolls (original receipts must be provided, Where possible)
- Accommodation expenses (original receipts must be provided)

Client details Client name Claim number Client address Date of birth Date of accident Post code Name of hospital that client was admitted to Name of person claiming expenses Bank account details for reimbursement Name Name of account Address Name of bank Post code Bank address Relationship to the client BSB or (for international - Branch Code/Sort Code/CHIPS) If you have an international bank account please provide: Account number IBAN Code: Swift Code/Branch Identifier Code (BIC): Bank Branch:

TRANSPORT ACCIDENT COMMISSION

GPO Box 2751 MELBOURNE VIC 3001 DX 216079 Geelong Telephone 1300 654 329 STD Toll Free 1800 332 556 www.tac.vic.gov.au





VISITING EXPENSES: DECLARATION FOR FAMILY MEMBERS OF AN INJURED CLIENT ADMITTED TO HOSPITAL

Date(s) of travel or accommodation	Type of expense, e.g. travel, accommodation, car parking, taxi, etc.	Details of travel/accommodation claimed, e.g. name of hotel/motel, travel destinations to/from, where parked, etc.	Amount claimed	Private vehicle km's
e.g. 25/01/18 to 14/02/18	Accommodation	From Albury, NSW, to Browns Hotel, North Melbourne	\$564.50 Receipt attached	400 km
Declaration by famil	y member	of		
confirm that the items a		ber who is admitted to hospital and not	for any other purpose.	
Signature of family m	ember	Print name		Date / /
				, ,
Under section 117 of	the <i>Transport Accident Act 1986</i> it	is an offence to provide false or mis	leading information in con	nection with a claim.

TRANSPORT ACCIDENT COMMISSION

Please email the completed form to $info@tac.vic.gov.au \ or \ send \ it \ to \ us \ using \ MyTAC.$

