



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

Client address

Post code

Name of hospital that client was admitted to

Claim number

Date of birth

Date of accident

Name of person claiming expenses

Name

Address

Post code

Relationship to the client

If you have an international bank account please provide:

IBAN Code:

Swift Code/Branch Identifier Code (BIC):

Bank Branch:

Bank account details for reimbursement

Name of account

Name of bank

Bank address

BSB or (for international - Branch Code/Sort Code/CHIPS)

Account number



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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 family member

I, of

confirm that the items above, relate to visiting a family member who is admitted to hospital and not for any other purpose.

Signature of family member

Print name

Date

/ /

Under section 117 of the *Transport Accident Act 1986* it is an offence to provide false or misleading information in connection with a claim.