

This form allows you to nominate another person to act on your behalf about your TAC claim, and discuss your TAC claim with TAC employees.

Client details

Name

TAC claim number

Address

Date of Birth

Date of accident

Representative's details

Representative name

Representative's telephone number

Representative's address

Representative's relationship to you

I give permission for the person(s) nominated in this form to:

- Act on my behalf about my TAC claim, and
- Discuss my TAC claim with TAC employees.

This consent includes:

- receiving all correspondence on my behalf, and
- making decisions about my TAC claim, such as requesting treatment and services, and
- requesting personal and health information about me, and
- changing my personal details, including my contact details and bank account details.

Signature of client

Print name

Date

You can revoke this consent at any time by contacting the TAC.

Returning this form

Please complete and return this form within 14 days and return it to us in one of the following ways:

Online

The quickest and easiest way to send us this form is online. Simply log in to [myTAC](#) and send us your completed form. If you haven't already, register for [myTAC](#) on our website, [tac.vic.gov.au](#), or download the app to your mobile device

Email

You can email your completed form to info@tac.vic.gov.au

Post

Please fill in this form and post it to Transport Accident Commission, Reply Paid 2751, Melbourne, Vic 3001

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.

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