

## Client details

Claim number

ABN

Date business commenced

Client name

Business name

Business address

Post code

## Business structure

## Business description

Describe the main purpose of your business. *Eg. Garden maintenance*

## Employees

Other than yourself, how many people are employed in your business?

Full time  Part time  Casual  Subcontractor

Do you have family members / De Facto partner involved in your business?  Yes / No  If yes, please provide details below.

### Name 1

Relationship to you

Duties performed

Number of hours per week

Is this a paid position?

 Yes / No

### Name 2

Relationship to you

Duties performed

Number of hours per week

Is this a paid position?

 Yes / No

### Name 3

Relationship to you

Duties performed

Number of hours per week

Is this a paid position?

 Yes / No

## Pre-accident work duties

Provide a brief description of the types of duties you performed in your business.

How many hours per week did you spend on the following activities?

On the job  Administrative / Management  Other  If other, please specify

Total number of hours worked per week (pre-accident)

What percentage of duties did you perform in your business?  %

## Post-accident work duties

Has your business continued to operate after the accident?  Yes / No

Have your duties changed since your transport accident?  Yes / No

If yes, how would you describe the change and the duties you are currently performing?

How many hours per week do you spend on the following activities?

On the job  Administrative / Management  Other  If other, please specify

Total number of hours worked per week (currently)

## Substitute labour

Have you incurred additional labour costs in your business as a result of your injuries?

If yes, please specify

What date did you employ the substitute labour?

Person's name (if more than one, please specify)

Qualifications of person employed

Number of hours worked per week  Is this paid work?  Amount paid per week

Duties performed

Have you increased the duties or hours of a person you were already employing before the accident, or is the person a new employee since the accident?

*If you are claiming substitute labour, you must provide the TAC with records of the number of hours worked, duties performed and wages records.*

## Record keeping

The TAC may need you to provide up to date copies of your business records.

Does your business use a bookkeeper and / or accountant to maintain your business records?

Who is responsible for maintaining these records?

If other, please specify

Name

Contact phone number

## Authority

Client, parent or guardian signature	Print name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

## Privacy

The TAC needs this information to manage your TAC claim or any claim for common law damages. We may disclose this information when required to by law or where it is necessary to manage your claim for compensation. Without this information, the TAC may be unable to make decisions about your entitlement to TAC benefits. You can get more information about our privacy policy by contacting us on 1300 654 329 or by visiting our website [www.tac.vic.gov.au](http://www.tac.vic.gov.au)