



GENERAL REIMBURSEMENT FORM

It is important that you read the information below

Information about claiming

Use this form to claim reimbursement for general expenses.

This declaration should not be used for claiming expenses for:

- Travel to medical appointments
- Pharmacy expenses
- Home or domestic services
- Family accommodation and/or travel expenses.

If you do use this form to claim the above expenses, the form and receipts will be returned to you to complete and submit the correct form.

Please attach your original receipts to this form. If you do not attach original receipts they will be returned to you unpaid.

The TAC recommends keeping copies of any receipts that you send to the TAC.

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

Are your bank details up to date?

If you have recently changed your bank details, please update your bank details with us to prevent unnecessary delays in your reimbursement.

The *Electronic Funds Transfer (EFT) Authority form for TAC clients* is available on our website.

Client details

Name

Address

Post code

Name of person claiming expenses

(leave blank if TAC client)

Name

Contact phone number

Address

Post code

Relationship to client

Declaration

I confirm that all these services are for my transport accident injuries and not for any pre-accident or unrelated condition.

Signature of client, parent or guardian

Claim number

Date of birth

Date of accident

Bank account details

Name of account

Name of bank

Bank address

BSB of (for international – Branch Code/Sort Code/CHIPS)

Account number

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

**TRANSPORT
ACCIDENT
COMMISSION**

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www.tac.vic.gov.au
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I have attached original receipts for:

Equipment, such as crutches, wheelchair, etc.

Treatment, such as physiotherapy, chiropractor, etc.

Other, please specify