

## **i** Instructions

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 contact the TAC.

## SECTION 1

### TAC CLIENT DETAILS

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First name	<input type="text"/>		
Last name	<input type="text"/>		
TAC claim number	<input type="text"/>	Date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Phone number	<input type="text"/>		
Business name	<input type="text"/>		
Client address	<input type="text"/>		
Suburb/Town	<input type="text"/>	Post code	<input type="text"/>

## SECTION 3

### EMPLOYMENT

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Are you currently working in any capacity?

(this includes Administration duties)

<input type="checkbox"/> No	<input type="checkbox"/> Yes, reduced hours since:	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
	<input type="checkbox"/> Yes, fully returned to work since:	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

**SECTION 2**

**SUBSTITUTE LABOUR**

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Has substitute labour been employed?

Name of substitute labourer

How was substitute labour recruited?

eg. agency, newspaper ad

Phone number

No. of hours worked per week

Date employment commenced

Amount to be paid per week

Method of payment

Please list what duties the substitute labourer will be carrying out in your business post-accident

Has the substitute labourer previously worked for your business as an employee/sub-contractor pre-accident?

**If yes**, please provide details of the work performed and documentation evidencing payment made to the substitute labourer pre-accident

### SECTION 3

#### CLIENT AUTHORITY

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I understand that a condition of being paid sub labour is that I authorise the TAC to contact the substitute labourer listed on this form to obtain any information to verify the substitute labour arrangement.

Client, parent or guardian name

Signature

Insert image (jpg/png) of signature.  
(Or print, sign and scan the form)

Date

### SECTION 4

#### SUBSTITUTE LABOURER AUTHORITY

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I authorise the TAC to contact me and obtain information in relation to the substitute labour arrangement with the client as detailed in this form:

Substitute labourer, parent or guardian name

Signature

Insert image (jpg/png) of signature.  
(Or print, sign and scan the form)

Date

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 will retain the information provided and may use or disclose it to make further inquiries to 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 the 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](http://www.tac.vic.gov.au)