



# IMPAIRMENT APPLICATION FORM: IMPAIRMENT ASSESSMENT PROTOCOLS

## Important notes

This form is to be used by lawyers requesting an impairment assessment on behalf of a claimant under Part 3 of the Transport Accident Act 1986 (TAA) and pursuant to the Impairment Protocols 2016.

Please complete this form and provide all information and material in support of the application (not previously provided).

## Where do I send my application for an impairment assessment?

Correspondence to: Manager, Impairment  
Transport Accident Commission  
PO Box 742  
GEELONG VIC 3220

## Claimant details

Claimant name	Claim no.		
<input type="text"/>	<input type="text"/>		
Date of birth	Date of accident		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Is the claimant under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known
Does the claimant have any other claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known

If more than one claim, please detail other TAC claim numbers (if known):

Claim Numbers	Please check box if claim is relevant to this application
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

## Claimant's lawyer

Firm name	Practitioner		
<input type="text"/>	<input type="text"/>		
Firm address	Reference number	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Telephone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Post code			

## Injuries

Please list the injuries and/or conditions the claimant relates to the subject accident/s:

1.
2.
3.
4.
5.
6.

## Supporting documentation

Please list, medical material and relevant treatment information detailing the claimant's transport accident related injuries (attach where not previously provided):

### Treating practitioner material

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Please list all JME/ IME reports and/ or any other medico-legal reports that will be relied upon (attach where not previously provided):

Medico-Legal reports relied upon	JME reports relied upon
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Summary and analysis of impairment**

Claimant's lawyer's suggested whole person impairment percentage based on the current evidence, including reference to the relevant AMA Guides section and any other relevant information:

Injury/Condition	Rating (WPI)	Table (AMA Guides reference)	Other relevant matters (eg, apportionment, stability, pre-existing, causation etc)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
<b>TOTAL WPI RATING</b>			

Do you intend on providing any further information?  No  Yes

If yes, please provide details:

Description of information	When it will be supplied
1.	
2.	
3.	
4.	

**Guardian/Administrator**

Has the claimant had an administrator appointed? Yes  No

If yes, please provide supporting documentation.

**Date of lodgement** **Lodged by (signed)**

The form is completed on a without prejudice basis to promote the efficient administration of the Protocols and cannot be relied upon in any later Court or Tribunal proceedings (unless otherwise agreed).

**The TAC's privacy policy**

The TAC respects the privacy of claimants. The TAC will retain any information provided to the TAC as part of the impairment assessment process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the claimant's TAC claim. The TAC may also be required by law to disclose any information provided to the TAC.

If you require further information about the TAC's 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)