

# Protocols Documentation Standard

Evidence & Submission Requirements

30 March 2026

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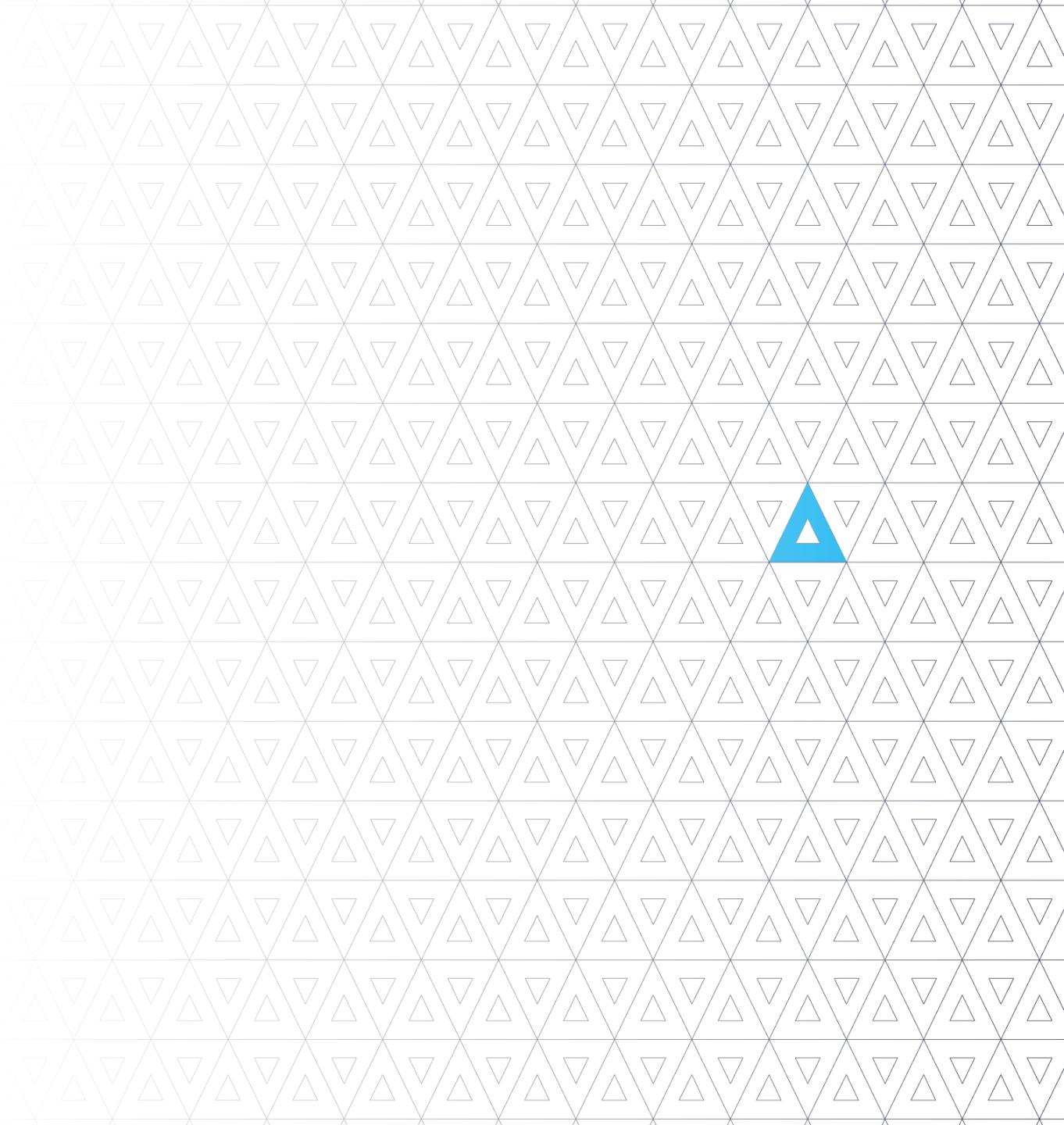
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# JME Requests

Documentation requirements

For questions, contact [jmerequests@tac.vic.gov.au](mailto:jmerequests@tac.vic.gov.au)

# Introduction: JME requests

To help get clients on the quickest path to a compensation outcome, it is essential that relevant supporting documentation is submitted with the initial JME request. A clear submission allows the TAC to assess the request without the need for follow-up, reducing delays and enabling faster decision-making.

## **Submitting a well-supported JME request can:**

- Enable faster compensation pathways, including interim impairment benefits and early granting of Serious Injury certificates.
- Facilitate quicker progression of Common Law settlements.
- Support earlier decisions where a medical examination may not be required to deliver a benefit.

By working together to ensure complete and timely submissions, we can streamline the compensation process and significantly improve the client's experience and outcome.

# Supporting documents for JME requests

These tables outline the suggested evidence that must accompany a JME request in accordance with the JME Protocol 2026, submitted **more than 90 days** before the earliest scheduled appointment date. These requirements are based on the nature of the injury – applicable to all types of applications (IMP only, Dual purpose IMP/SI, CL). JME requests submitted **fewer than 90 days** before the earliest scheduled appointment date needs to include Joint Letter/s of Instruction and evidence described in the [Documentation Guide](#).

A) Physical injury with immediate hospitalisation AND/OR bone fracture	
Documentation type	Details
Hospital records	Hospital admission, emergency notes, discharge summaries (including radiology report)
GP report or treating practitioner	Medical records (post-accident) outlining recovery progression and stability relevant to the injury site or condition
Ambulance case sheets (if relevant)	Case sheets and paramedic notes, if relevant
Operation records (if relevant)	Operation notes and theatre reports, if surgery was performed

B) Physical injury with no immediate hospitalisation AND/OR pre-existing/aggravation/unrelated conditions	
Documentation type	Details
GP medical records	Medical records from at least 18 months prior to the accident to demonstrate pre-existing condition, and post-accident consultations related to the claimed injury
Medical specialist or allied health records	Reports or notes from any pre-accident treating professionals (e.g. physiotherapists, surgeons, chiropractors) relevant to the injury site or condition

C) Psychological/Psychiatric conditions	
Documentation type	Details
GP medical records	Report or medical records from GP outlining mental health plan and prescriptions
Mental health provider reports (only required if client has been treated by a psychologist and/or psychiatrist)	Reports from treating psychologists and/or psychiatrists (current and previous) outlining diagnosis and treatment history

# Impairment applications

Documentation requirements

For questions, contact [impairment@tac.vic.gov.au](mailto:impairment@tac.vic.gov.au)

# Supporting documents for Impairment applications

In line with the Impairment Assessment Protocol 2026, submitting relevant supporting documentation with the Impairment application helps ensure clients are placed on the quickest path to a compensation outcome. A complete and clear submission allows TAC to assess the request without follow-up, reducing delays and enabling faster decisions.

Lawyers must provide the information outlined in all relevant sections (A & B) unless already supplied when following the JME process.

## A) Physical injury with or without hospitalisation

Documentation type	Details
Hospital records	Hospital admission, emergency notes, discharge summaries (including radiology report)
GP medical records	Medical records – 18 month pre accident & up to date post-accident; if there is any known relevant pre-existing surgical intervention prior to the accident, please provide records
Medical specialist or allied health records	Medical records – 18 month pre accident & up to date post-accident (e.g. physiotherapists, surgeons, chiropractors). If there is any known relevant pre-existing surgical intervention prior to the accident, please provide records
Ambulance case sheets (if relevant)	Case sheets and paramedic notes, if relevant
Operation records (if relevant)	Operation notes and theatre reports, if surgery was performed
JME/IME report	Relevant JME/IME report/s

## B) Psychological/Psychiatric conditions

Documentation type	Details
GP medical records	Report or medical records from GP outlining mental health plan and prescriptions
Mental health provider reports (only required if client has been treated by a psychologists and/or psychiatrist)	Reports from treating psychologists and/or psychiatrists (current and previous) outlining diagnosis and treatment history
JME/IME report	Relevant JME/IME report/s

# Serious injury applications

Documentation requirements

For questions, contact [settlements\\_payments@tac.vic.gov.au](mailto:settlements_payments@tac.vic.gov.au)

# Introduction: Serious Injury applications

As outlined in the Common Law Protocol 2026, these documentation requirements for Serious Injury (SI) applications have been developed to ensure that all relevant, supporting information is submitted consistently and efficiently to assist in the assessment of serious injury status.

The required information must be submitted with your Serious Injury application. If your client has multiple applicable injury types, provide the information outlined in all relevant sections.

If any required information is unavailable, clearly outline the steps taken to obtain it, provide a written explanation as to why it cannot be supplied, and include any written confirmation from relevant third parties, where applicable.

Applications that are missing required information without sufficient explanation will be deemed non-compliant under Clause 6.1.1 of the Common Law Protocol.

For all items marked with \*, information must be provided from all clinics, as clients often attend multiple clinics. It is recommended that solicitors ask their clients to access their own Medicare history to advise their solicitor in this clinic identification process. Anyone can access their Medicare history – it is **free and simple**. This can be accessed via:

- [Medicare Online Account](#) – simplest method
- [Express Plus Medicare Mobile App](#)
- [Request for Medicare claims information form \(MS031\)](#) – for information older than 3 years

# Supporting documents for SI applications

If a client has multiple applicable injury types, lawyers must provide the information outlined in all relevant sections (A-H), unless already supplied.

## A) Physical injury with immediate hospitalisation AND/OR bone fracture

- Ambulance case sheets, if relevant
- Hospital admission, emergency notes, discharge summaries (including radiology report)
- Operation records, if relevant
- Up to date and complete GP medical records\* (including radiology reports, if relevant)
- Up to date and complete any treating specialist medical records\*
- Relevant JME/IME report/s

## B) Physical injury with no immediate hospitalization AND/OR pre-existing/aggravation/unrelated conditions

- Up to date and complete GP medical records from at least 3 years prior to the accident including any prior capacity assessments, medical certificates\*
- Up to date and complete report and/or medical records from any pre-accident surgeons or allied health professionals from at least 3 years prior to the accident\*
- Up to date and complete report and/or medical records from any medical specialist/s prior to the accident
- Copies of any prior compensation claims relevant to TA injuries or functional capacity
- Copy of any treating reports or certificates relating to Centrelink DSP
- Relevant JME/IME report/s

**Note: A property damage report is recommended where possible.**

# Supporting documents for SI applications (cont.)

## C) STI/Chronic pain

- Up to date and complete report and/or medical records from any medical specialist and/or allied health professionals prior to the accident\*
- Any prior accident and post-accident Allied Health and/or Pain Management Program and/or Mental Health Treatment Plan\*
- Documentation supporting any prescribed medication
- Relevant JME/IME report/s

## D) Physical injury with immediate hospitalisation AND pre-existing/aggravation/unrelated conditions

- Attach documents required in sections A and B

## E) Mental injury claim

- Up to date and complete GP medical records from at least 3 years prior to the accident or dating back to onset of any pre-existing mental disorders\*
- Up to date and complete FOI any treating psychologist and/or psychiatrist (incl any previous treater)\*
- Hospital admission notes, if relevant
- Documentation supporting any prescribed medication
- Relevant JME/IME report/s

# Supporting documents for SI applications (cont.)

## F) Scarring

- Our preference is that for sub-paragraph b) applications, firms utilize the RMH Scar sight process:
  - The TAC has a contract with RMH Medical Illustration Unit, which provides professional digital photos.
  - **An easy booking process is in place for both TAC and client representatives** – [access details on TAC website](#)
- Alternatively, the following series of photographs is helpful:
  - Profile photograph
  - Range of close-up photographs, from different angles and front on
  - Photograph from across the room
  - Any other photograph client/solicitor feels best captures the disfigurement

## G) Cross over claim

In addition to the documents required for the applicable injury categories (sections A–G), the following additional information is required for crossover claims:

- Up to date and full copy of the workers compensation claim file, including claim form.
- Any material pertaining to the circumstances of the accident including but not limited to incident reports, Worksafe investigation reports, police records and/or accident circumstance investigation reports.
- All IME reports arranged by the WorkSafe insurer including those used for assessment of Impairment Benefit (if applicable)
- Any IME reports arranged by the plaintiff solicitors (if applicable)

## H) Loss of fetus

- Hospital admission, emergency notes, discharge summaries (including radiology report)
- Complete report and/or clinical notes from the treating gynaecologist and/or obstetrician

# Supporting documents for fast-track SI applications

Pursuant to Clause 3.8 of the Common Law Protocol, for **fast-track SI applications**, lawyers must provide:

- Ambulance case sheets (if relevant)
- Hospital admission records, emergency department notes, discharge summaries (including radiology reports)
- Operation records (if relevant)
- Any relevant liability material
- Clear photos if disfigurement applicable – please consider stability prior to submission

# Required financial material for SI applications involving economic loss

## If the client is an employee

1. Individual Income Tax Return(s)
2. ATO Notice of Assessment(s)
3. PAYG Payment Summary from employer(s)

## If the client is self-employed

Identify the nature of business and submit the following:

### Sole trader

1. Individual Income Tax Return(s)
2. ATO Notice of Assessment(s)
3. Profit & Loss Statement

### Partnership

1. Same as 1-3 from sole trader **plus**
2. Partnership Tax Returns
3. Partnership Distribution Statement

### Company

1. Same as 1-3 from sole trader **plus**
2. Company Tax Returns
3. Company Financial Statements

### Trust

1. Same as 1-3 from sole trader **plus**
2. Trust Tax Returns
3. Trust Distribution Statement

# Common Law applications

Documentation requirements

For questions, contact [common\\_law@tac.vic.gov.au](mailto:common_law@tac.vic.gov.au)

# Supporting documents for Common Law applications

In line with Clause 10.13 of the Common Law Protocol 2026, to facilitate progress of common law claim following proactive and prior to scheduling a common law conference, the client's lawyer must submit a Common Law Application Form using the prescribed form on TAC's website and provide the information outlined below :

1. Provide the TAC with information and documents relating to liability where this is in issue, including expert or other witness opinions to be relied upon; and
2. Provide the TAC with any claimant information, medical reports, or pecuniary loss documentation, including updated information, unless already provided. Where available, full and complete financial information for a period not less than 3 years prior to the accident up until the time of application should be provided; and
3. Provide Particulars of Pecuniary Loss where the loss claimed is greater than \$200,000. Such particulars are intended to promote appropriate preparation and settlement discussions between the parties and are provided on a "without prejudice" basis.

# Dispute applications

Documentation requirements

For questions, contact [review@tac.vic.gov.au](mailto:review@tac.vic.gov.au)

# Introduction: Dispute applications

In line with Clauses 2.6 and 3.2 of the No Fault Dispute Resolution Protocol 2026, client representatives are expected to investigate the basis of the dispute prior to lodgement, including taking reasonable steps to gather all supporting evidence. Where a client's lawyer requires information about a decision in order to assess whether there is a reasonable basis for dispute, this should be obtained through the [Release of Information \(ROI\)](#) or [Freedom of Information \(FOI\)](#) processes.

A well-prepared DR Application should present a complete picture of the dispute, supported by documentary evidence. This allows the TAC to assess the application efficiently reducing delays and ultimately improving outcomes for clients.

The following section outlines the minimum documentation required based on the type of dispute. Where applicable, please also submit any relevant legal contentions including citations of any legal authorities relied upon.

# Supporting documents for DR applications

## DENIAL OF CLAIM DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the client, setting out the relevant facts known to the client regarding the incident said to be a transport accident;
2. Relevant information, which may include but is not limited to:
  - a) Any statements or reports of any witnesses relied upon by the client. The statements should be signed wherever possible;
  - b) Ambulance, hospital, treating doctor and/or treating practitioner case sheets, clinical notes and reports, test and diagnostic reports and medico-legal reports;
  - c) Material, documentation, reports and any other information TAC has agreed to fund;
  - d) A police report and/or other material obtained from police;
  - e) Relevant photographs or diagrams;
  - f) Any report by a non-medical expert witness where this is in existence and will be relied upon.

# Supporting documents for DR applications (cont.)

## LOSS OF EARNINGS AND LOSS OF EARNING CAPACITY RATE DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the client setting out:
  - a) Details of the client's earnings in accordance with the TAA;
  - b) Relevant facts and matters going to the assessment of the rate of loss of earnings in accordance with the TAA (e.g. as contemplated in Sections 4 to 7 of the TAA).
2. Relevant information, which may include but is not limited to:
  - a) Copies of income tax returns, group certificates, payment summaries, or, in the case of self-employed clients, individual and partnership, corporation or trust returns of entities in which the client has a relevant material interest;
  - b) Details of any relevant Centrelink payments;
  - c) An accountant's report;
  - d) Any other relevant document/s or statement/s relied upon by the client in support of the client's contention in accordance with the TAA (e.g. books of account, bank statements, order books, substitute labour payments).

# Supporting documents for DR applications (cont.)

## LOSS OF EARNINGS AND/OR LOSS OF EARNING CAPACITY ELIGIBILITY/DURATION DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the client setting out:
  - a) Details of the client's relevant earnings;
  - b) Relevant facts and matters going to the assessment of the rate of loss of earnings/loss of learning capacity having regard to the employment status of the client, including in accordance with Section 7(a) to (e) of the TAA;
  - c) Details of all work that has been undertaken subsequent to the transport accident and any attempts by the client to obtain alternative duties or to return to work, whether as an earner or otherwise.
2. Relevant information, which may include but is not limited to:
  - a) Details of any relevant Centrelink payments;
  - b) Copies of income tax returns, group certificates, payment summaries, or, in the case of self-employed clients, individual and partnership, corporation or trust returns of entities in which the client has a relevant material interest;
  - c) An accountant's report;
  - d) If the client has been receiving loss of earnings or loss of earning capacity benefits under the TAA or other scheme;
  - e) Ambulance, hospital, treating doctor and/or treating practitioner case sheets, clinical notes and reports, test and diagnostic reports and medico-legal reports;
  - f) Any other relevant document/s or statement/s relied upon by the client in support of the client's contention in accordance with the TAA (e.g. books of account, bank statements, order books, substitute labour payments, etc.).

# Supporting documents for DR applications (cont.)

## MEDICAL AND LIKE BENEFIT DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the Client setting out:
  - a) The nature and extent of the benefit or treatment sought;
  - b) Any relevant service or treatment provided prior to the transport accident for injury/injuries which are the subject of the DR;
  - c) The reasons why the benefit or treatment should be provided or continued.
2. Relevant information, which may include but is not limited to:
  - a) Ambulance, hospital, treating doctor and/or treating practitioner case sheets, clinical notes and reports, test and diagnostic reports and medico-legal reports;
  - b) Vocational and other relevant rehabilitation assessments and reports;
  - c) Reports from non-medical professionals (e.g. architect, builder, engineer).

# Supporting documents for DR applications (cont.)

## MEDICAL AND LIKE BENEFIT DISPUTES – GAP RATE DISPUTE

Where Clause 2.8 has been complied with, and the gap-rate dispute remains unresolved, the DR application must include a submission, signed by the client, setting out the factors relevant to the reasonableness of the quantum in dispute and any other information relevant to the specific gap issue in dispute.

## MEDICAL AND LIKE BENEFIT DISPUTES – HOME MODIFICATIONS

1. Where the Decision/s in dispute relates to home modifications, the DR application should also include the following:
  - a) Evidence of the client's current living situation and whether it is long-term or temporary;
  - b) Date of property purchase and details of ownership;
  - c) Photographs of modifications and proposed modification area(s);
  - d) Any additional opinions and/or alternative modification options considered.

# Supporting documents for DR applications (cont.)

## MEDICAL AND LIKE BENEFIT DISPUTES – VEHICLE MODIFICATIONS

1. Where the Decision/s in dispute relates to vehicle modifications, the DR application should also include the following:
  - a) Any prior TAC-funded modifications, if applicable;
  - b) Age of the vehicle and current odometer reading;
  - c) Ownership details of the vehicle including date of purchase;
  - d) Photographs of the vehicle and the component(s) proposed for modification;
  - e) Any additional opinions and/or alternative modification options considered.

# Supporting documents for DR applications (cont.)

## MEDICAL AND LIKE BENEFIT DISPUTES – DENTAL TREATMENT

1. Where the Decision/s in dispute relates to dental treatment, the DR application should also include the following:
  - a) Full and complete clinical notes, including radiographs, relevant to the issue in dispute from dental clinics attended by the client prior to the accident date;
  - b) Details of any other options considered, including an explanation as to why they were deemed unsuitable, and justification for the recommended treatment approach.

# Supporting documents for DR applications (cont.)

## DEPENDENCY AND DEATH BENEFIT DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the client, or their authorised representative or guardian, setting out the following where relevant and known:
  - a) Details of the client's relationship with the deceased which support a dependency relationship between the client and the deceased;
  - b) Details of any person, including children of the deceased, claiming to be dependent on the deceased;
  - c) The duration of the relationship between the client and the deceased;
  - d) Details of where the client and the deceased resided at the date of death and whether the property was owned or rented by either the client and/or the deceased;
  - e) Details of any joint acquisition of assets or ownership of any joint property by the deceased and the client;
  - f) Details of any joint liabilities by the deceased and the client;
  - g) Details of any superannuation benefits paid as a result of the deceased's death including the beneficiaries of the benefits paid and any claim made by the client in respect of them.

# Supporting documents for DR applications (cont.)

## DEPENDENCY AND DEATH BENEFIT DISPUTES (CONT.)

2. Relevant information, which may include but is not limited to:
  - a) Marriage or birth certificates;
  - b) Documents and/or a letter from Centrelink confirming the amount, type and period of benefits received by the client and whether these payments were based on a single or married rate;
  - c) Documents evidencing the client's financial dependency on the deceased at the time of the deceased's death (e.g. credit card statements, loan documents, bank statements, receipts, rental agreements, income tax returns, or details of child support payments);
  - d) Documents evidencing the client and the deceased's living arrangements at the time of the deceased's death;
  - e) Documents evidencing the amount that the deceased earner would have had the capacity to earn in the 12 months after the death, had the accident not happened; and
  - f) Documents evidencing the dependency of any children upon the deceased.

# Supporting documents for DR applications (cont.)

## IMPAIRMENT OR MINORS' ADDITIONAL BENEFIT DISPUTES

1. The client's lawyer will provide to the TAC a signed statement by the client, or their authorised representative or guardian, which sets out all matters known to the client which are relevant to the review of the Decision:  
Ambulance, hospital, treating doctor and/or treating practitioner case sheets, clinical notes and reports, test and diagnostic reports and medico-legal reports;
2. A client's lawyer should provide a summary if they determine clarification is required in respect of the impairment assessment, which is not adequately addressed by the provision of a client's statement or in the medical reports relied upon. If a summary is provided by the client's lawyer, it should:
  - a) Advise which specific parts of the TAC's impairment assessment are not in dispute;
  - b) Advise which parts of the TAC's impairment assessment are in dispute and why;
  - c) Comment on stability as defined by the relevant AMA Guides to the Evaluation of Permanent Impairment where this is the issue in dispute; and
  - d) Identify any other basis upon which the TAC's impairment assessment is incorrect or incomplete.

