Self-employed declaration

Transport Accident Commission

Instructions

If you are self-employed, please complete this form. This will help us understand how your transport accident has affected your business. This information allows us to make decisions on the services and supports you need to return to work.

SECTION 1

CLIENT DETAILS

First name

Last name

TAC claim number

Date of accident / /

Date of birth / /

Phone number

Email address

SECTION 2

BUSINESS DETAILS

Business name

ABN

Phone number

Business address

Suburb/Town

Post code

What is the structure of your business: sole trader, partnership, company or trust?

Describe the main purpose of your business.

VICTORIA State Government

SECTION 3

EMPLOYMENT

Are you currently working in any capacity?
(Has your business continued to operate, this includes administration duties?)

☐ No ☐ Yes, reduced hours since: / /

☐ Yes, fully returned to work since: / /

SECTION 4

EMPLOYEES

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

Full time | Part time | Casual | Subcontractor

Do you have family members or a de facto partner involved in your business?

If yes, please provide their details below:

Name 1

Relationship to you

Duties performed

Number of hours per week | Is this a paid position?

Name 2

Relationship to you

Duties performed

Number of hours per week | Is this a paid position?

Name 3

Relationship to you

Duties performed

Number of hours per week

Is this a paid position?

SECTION 5

PRE-ACCIDENT WORK DUTIES

Please list the hours you typically work each day (e.g. '8am – 5pm').

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Total number of hours worked per week

Number of hours you usually spend on each task per week

Administration	Supervising	Quotes	Physical or hands on

If a business partnership, number of hours your partner usually spends on each task per week.

Administration	Supervising	Quotes	Physical or hands on

Please list your usual daily tasks performed with approximate number of hours for each
(e.g. 'bookkeeping, 2 hours')

Daily task	Approx. task hours

Please provide details of your last three jobs or contracts, including the number of days worked on each.

Name	Address	Days worked

SECTION 6

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

Contact email

SECTION 7

CLIENT AUTHORITY

Client name

Client, parent or guardian 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.

Submitting this form

Email your completed form to your TAC claims manager or to info@tac.vic.gov.au with your TAC claim number in the subject line.

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