





## SERIOUS INJURY APPLICATION FORM: COMMON LAW PROTOCOLS

## **Submitting this form**

Send your completed form to <a href="mailto:protocols@tac.vic.gov.au">protocols@tac.vic.gov.au</a>

## Important notes

This form is to be used by lawyers requesting a serious injury certificate on behalf of a client under Part 6 of the *Transport Accident Act 1986* (TAA) and pursuant to the Common Law Protocols 2016

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

Client details			
Client name		Claim number	
		Date of birth	Date of accident
		1 1	1 1
Client's lawyer			
Firm name		Practitioner	
Firm address		Reference number	Fax number
		Phone number Email	address
Postcode			
Serious injury claims informa	ation		
Please provide name(s) of all part vehicles (if known):	ies against whom a Co	ommon Law claim is proposed w	vith registration details of
Defendant	Registration	n details	

Client's injuries	
List the injuries relied on by the claimant and the relevant 93(17) of the TAA.	sub paragraphs of the definition of serious injury in Section
Injuries	Sub- paragraph of Section 93(17)
1.	
2.	
3.	
4.	
5.	
If liability is admitted, do you intend to bypass impairment	? □ Yes □ No
Is the claim limited to pain and suffering damages?	☐ Yes ☐ No
Affidavit	
Has an affidavit been sworn? ☐ Yes ☐ No	
If	1. 0
If yes, on what date was the affidavit sworn? Please attac	n the aπidavit.
If no, please provide the reasons an affidavit has not beer	n sworn.
Schedule of documents relied upon	
Please supply a full schedule of documents replied upon t	for this serious injury application
This list should include any documents already sent to the	
impairment application.	FIAC, for example during the claim lougement of an
1	
Supporting documentation	
Please provide the following list of documents relied upon	in the application (where appropriate), <b>only attaching</b>
copies where not previously provided to the TAC.	
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Accident Circumstances or liability reports	
1.	4.
2.	5.
3.	6.

1.	1.6
	6. 7.
	8.
<u>.                                    </u>	9.
).	10.
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ledico-Legal reports	JME reports
	1.
2.	2.
	3.
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2.	5.
3.	6.
ditional information (e.g. list of doc	cuments relied upon, school reports, lay affidavits)
	4.
2.	5.
	5. 6.
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2. 3.  Dre information  you intend on providing any additionates, please provide details.  Description of information  1. 2. 3. 4.	6.  al information? □ Yes □ No

Guardian/Administrator
Has the client had an administrator appointed? ☐ Yes ☐ No
If yes, please provide supporting documentation.
Workers compensation claim details
Does the client have an accepted WorkCover claim for this accident? ☐ Yes ☐ No ☐ Pending
WorkCover number
Has a serious injury application been lodged or is intended to be lodged with WorkCover?
□ Lodged □ No
Reasons why the subject accident meets the definition of a transport accident
Please provide reasons why the subject accident meets the definition of a transport accident.
Details of the claimed negligent vehicle (if known)
Registration Make Model
Any other identifying features of the vehicle?
Any other identifying features of the vehicle?

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 clients. The TAC will retain any information provided to the TAC as part of the JME process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the client'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 <a href="tac.vic.gov.au/yourprivacy">tac.vic.gov.au/yourprivacy</a>