

# Funeral and Dependency Benefits Claim Form



Please complete this form to make a claim for funeral (including burial and cremation) expenses and/or dependency benefits for a person who has died as a result of a transport accident.

*Please provide the following information with your claim:*

**For the spouse or partner of the deceased and their children, please provide:**

- A completed Dependants Statutory Declaration (see attached)
- A copy of the marriage certificate (if applicable)
- A copy of the children's birth certificates, not extracts (if applicable)
- Copies of the deceased's taxation returns or PAYG summaries for the previous two financial years (if available at time of submission)
- A letter from Centrelink confirming the amount, type and period of benefits received by the deceased and the spouse or permanent partner (if applicable)
- Evidence of financial dependency (i.e. copies of joint accounts, loans, household bills in either both names or individual names for the same address, insurance policies, property titles, investments, lease, wills, superannuation policies, mortgage, etc.)
- Written confirmation of any other dependants (i.e. children from other relationships, spouse or partner, etc.). Please provide confirmation if there are no other dependants in the Additional Notes section.
- Written names and contact phone numbers of the deceased's closest relatives and friends (up to three names – please use Additional Notes section)
- A letter from the school/university/college confirming the child/children's enrolment as a full-time student, if the child is between the ages of 16 and 25 years.

**For children of the deceased under the age of 25 years whose other parent is not a spouse or partner of the deceased, please provide:**

- A copy of the children's birth certificates (not extracts)
- Copies of the deceased's taxation returns or PAYG summaries for the previous two financial years (if available at time of submission)
- A letter from Centrelink confirming the amount, type and period of benefits received by the deceased (if applicable)
- Evidence of financial dependency (i.e. copies of maintenance orders, child support agency assessment letters, school payments, trust accounts, copy of will or superannuation policy, etc.)
- Written confirmation of any other dependants (i.e. children from other relationships, spouse or permanent partner, etc.) Please provide confirmation if there are no other dependants in the Additional Notes section.
- Names and contact phone numbers of the deceased's closest relatives and friends (up to three names – please use Additional Notes section)
- Written confirmation of the child/children's guardian, including full name, date of birth, address, contact telephone numbers and any relevant court applications or custody orders (if applicable)
- A letter from the school/university/college confirming the child/children's enrolment as a full-time student, if the child is between the ages of 16 and 25 years.

Please note that certified copies of documents are not required.

In some cases the TAC will require additional information before an assessment of benefits can take place.

The TAC is able to assess a claim for dependency benefits within 7 days of receiving all of the information required.

## Your privacy rights

The TAC treats all information about you as confidential. The *Transport Accident Act 1986*, and other legislation, regulates the collection and use of information about you. The TAC will only collect and use information that it can lawfully obtain and which is relevant to your claim and to the assessment of your benefits. The TAC will use the information requested, including any personal or health information in accordance with the *Victorian Health Records Act 2001* and the *Information Privacy Act 2000*. This will enable the TAC to determine whether or not you have an entitlement under the *Transport Accident Act 1986*. The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of your 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 benefits are reasonable and may not be able to approve further benefits. If you are unable to provide the TAC with any of the information requested, please let us know the reason you are unable to provide it.

# Funeral and Dependency Benefits Claim Form



## Additional Notes

Please include any additional dependant's details here, including a previous spouse, partner or children.

If there are no other dependants please confirm also. If a dependency claim is being lodged you may also include here written names and contact phone numbers of the deceased's closest relatives and friends (*up to three names*), a guardian's contact details for dependant children or any information you would like to include.

# Funeral and Dependency Benefits Claim Form

Please read the following information before completing this claim form.

If you require assistance to complete this form, please telephone 1300 654 329 or if you are outside the metropolitan area 1800 332 556. This claim form must be lodged within one year of the accident. It is best however to lodge this form as soon as possible to ensure you receive any benefits you are entitled to as soon as possible.

Complete this claim form and post to TAC, GPO Box 2751, Melbourne VIC 3001 or deliver to the TAC Reception Desk, Ground floor, 60 Brougham Street, Geelong.

## 1. Personal details of deceased

Title (Mr, Mrs, Dr etc)

Surname (Family name)

Given names

Address

Postcode

Date of Birth

 /  / 

Sex

Male ☐ Female ☐

Marital status

Language spoken in deceased's family

## 2. Occupation details

What was the deceased's occupation at the time of the accident (including student, pension type, home duties, unemployed)?

Employed ☐  
Self Employed ☐

Name of employer / own business

Address of employer / own business

Postcode

Work telephone number

 (  ) 

## 3. Spouse, partner and dependent children details (if there is no spouse, partner or children go to Q4)

Please provide details of spouse or partner and children of the deceased, including details of any previous spouse, partner or children

*If there are more than 4 family members, please provide their details in the Additional Notes section). (A spouse or partner also needs to complete the Dependant's Statutory Declaration sections attached to this form).*

Family member 1 - Full name

Address

Postcode

Date of Birth

 /  / 

Relationship to the deceased

Telephone number

 (  ) 

Is this person a full time student? Yes ☐ No ☐

Family member 2 - Full name

Address

Postcode

Date of Birth

 /  / 

Relationship to the deceased

Telephone number

 (  ) 

Is this person a full time student? Yes ☐ No ☐

Family member 3 - Full name

Address

Postcode

Date of Birth

 /  / 

Relationship to the deceased

Telephone number

 (  ) 

Is this person a full time student? Yes ☐ No ☐

Family member 4 - Full name

Address

Postcode

Date of Birth

 /  / 

Relationship to the deceased

Telephone number

 (  ) 

Is this person a full time student? Yes ☐ No ☐

# Funeral and Dependency Benefits Claim Form

## 4. Transport accident details

Accident date      Day of the week      Accident time  
/      :  
:      :      :

Where did the transport accident happen?  
(Street number, street name, town, suburb, state, postcode)

Postcode

At the time of the accident, what type of transport user was the deceased?

Driver ☐ Pillion passenger ☐ Bus passenger ☐  
Car passenger ☐ Cyclist ☐ Tram Passenger ☐  
Motorcyclist ☐ Train passenger ☐ Pedestrian ☐

Other

Deceased's vehicle      State      Make & Model  
Name of driver      Registration      of Reg.      (eg Holden,  
(eg Vic) Gemini)

Did the transport accident happen on the way to/from the deceased's work?      Yes ☐ No ☐

Did the accident happen while the deceased was performing his / her daily work duties?      Yes ☐ No ☐

Was the deceased taking part in, or in a test in preparation for, a motor vehicle race, speed trial, enduro or rally?      Yes ☐ No ☐

## 5. Injury Details

Date of death

/      /

Name of hospital to which the deceased was admitted (If applicable)

Please list details of any pre-existing health conditions the deceased had before the transport accident.

## 6. Funeral Director details

Name of Funeral Director

Address

Postcode

Telephone number

(      )

## Declaration

Person completing this form

I (insert name)

declare that the information provided in this claim for compensation is true and correct.

Signature of Claimant

Address

Postcode

Telephone number

(      )

Relationship to the deceased person

Date

/      /

## Witness Details

I (insert name)

declare that the claimant appeared to understand the contents of this declaration.

Signature of Witness

Date

/      /

The Dependants Statutory Declaration is only required to be filled in if there is a dependent spouse or partner.

Claim no.

I, (full name)

of (address)

In the State of Victoria do solemnly and sincerely declare

1. I am the spouse/partner of the deceased   
who died on  /  /  The date of the accident which gave rise to the death of the deceased was  /  /

2. (a) I was married to the deceased on  /  /  at   
and the marriage was subsisting at the date of death. My date of birth is  /  /

OR

(b) I, although not legally married to he deceased, lived with the deceased immediately before his/her death as  
his/her wife/husband/partner on a permanent and bona fide basis from  /  /  to  /  /   
My date of birth is  /  /

3. At the time of death, I was wholly, mainly or in part dependent on that person for economic support. My personal gross weekly income, excluding amounts received from the deceased, was \$   
The deceased's weekly contribution was \$

4. At the time of death, I was ☒ wholly ☒ mainly dependent on that person for the care of my/ours/his/her children.

5. At the time of death, the following children of the deceased were under the age of 16 years:  
*Include children from other marriages or relationships*

Name	Address	Date of Birth	Relationship to the deceased
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

6. At the time of death, the following children of the deceased had attained the age of 16 years, but were under the age of 25 years, and were full time students:  
*Include children from other marriages or relationships*

Name	Address	Date of Birth	Relationship to the deceased
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

And I make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of Parliament of Victoria rendering persons making false declaration punishable for wilful and corrupt perjury.

Declared at

On (date)

Before me

Signature of witness

Print name of witness

Signature of person making declaration

Print name of person making declaration

Address of witness

Postcode

Qualifications

# Dependants Statutory Declaration

The following persons can witness statutory declarations:

- A member of the Police force
- A legally qualified medical practitioner
- A manager of a bank
- A principal in the teaching service
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor
- A justice of the peace or a bail justice
- A prothonotary or a deputy prothonotary of the Supreme Court
- A registrar or a deputy registrar of the County Court
- A principal registrar of the Magistrate's Court
- A registrar of Probates or an assistant registrar of Probates
- An associate to a judge of the Supreme Court or of the County Court
- A secretary of a Master of the Supreme Court or of the County Court
- A notary public
- A clerk to a barrister or solicitor of the Supreme Court
- A member or former member of either house of the Parliament of Victoria
- A member or former member of either house of the Parliament of the Commonwealth
- A councillor of a Municipality
- A town clerk or shire secretary
- A secretary of a building society
- A minister of religion authorised to celebrate marriages
- A dentist
- A veterinary surgeon
- A pharmacist
- A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- A sheriff or deputy sheriff
- A person registered as a Patent Attorney under Part XV of the Patents Act 1952 of the Commonwealth
- A fellow of the Institute of Legal Executives (Victoria)
- A person who holds an office in the public service (of Victoria), that is prescribed as an office of which the holder may witness statutory declarations

## Transport Accident Commission

60 Brougham Street  
Geelong VIC 3220  
GPO Box 2751  
Melbourne VIC 3001

Telephone 1300 654 329  
STD Toll Free 1800 332 556  
ABN 22 033 947 623  
[www.tac.vic.gov.au](http://www.tac.vic.gov.au)



**TRANSPORT  
ACCIDENT  
COMMISSION**

