

# JME SUPPLEMENTARY REPORT REQUEST FORM

## Submitting this form

Email your completed form to [jmerequests@tac.vic.gov.au](mailto:jmerequests@tac.vic.gov.au)

## Important notes

Solicitors must use this form to request a Joint Medical Examination (JME) on behalf of a client and the TAC under Part 3 of the *Transport Accident Act 1986* (TAA) and pursuant to the JME Protocols 2016.

## Report required for:

- ☐ Impairment
- ☐ Serious injury
- ☐ Common law
- ☐ No fault dispute (existing dispute)
- ☐ No fault (excluding impairment)

## Client details

Client name

TAC claim number for supplementary report request

Date of birth

 /  / 

Date of accident

 /  / 

Does the client have any other TAC claims?

- ☐ Yes ☐ No ☐ Not known

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

TAC claim number	Is this claim related to the supplementary report request?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Client's lawyer

Firm name

Firm address

  
  
 Postcode

Practitioner

Reference number

Fax number

Phone number

Email address

## Request type

Please select the request type:

- ☐ Addendum report (no additional supporting information to be provided)
- ☐ Supplementary report (further information to be provided)

## Documentation to attach with request

Please provide the following list of documents in order for this request to be approved.

For addendum report:

- Copy of addendum report request

For supplementary report:

- Copy of supplementary report request
- Additional information to be provided to examiner

## Reason reports required

Please provide brief reasons as to why this supplementary report/addendum is required.

For example, how it will alter the impairment score, confirm diagnosis, prognosis, etc.

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## Who are the reports required from?

### Report 1

Examiner's full name	
Examiner's discipline	
Examiner's email address	

### Report 2

Examiner's full name	
Examiner's discipline	
Examiner's email address	

### Report 3

Examiner's full name	
Examiner's discipline	
Examiner's email address	

### Report 4

Examiner's full name	
Examiner's discipline	
Examiner's email address	

### Report 5

Examiner's full name	
Examiner's discipline	
Examiner's email address	

### Other comments

Other comments that would assist the TAC in reviewing your request for approval of the additional report request.

### Information for solicitors

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 [tac.vic.gov.au/yourprivacy](http://tac.vic.gov.au/yourprivacy)