



SERIOUS INJURY APPLICATION FORM: COMMON LAW PROTOCOLS

Important notes

This form is to be used by lawyers requesting a serious injury certificate on behalf of a claimant 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).

Where do I send my Serious Injury Application?

Correspondence to Manager, Serious Injury
Transport Accident Commission
PO Box 742
GEELONG VIC 3220
or **Ausdoc DX 216079 GEELONG**

Claimant details

Claimant name	Claim no.	
<input type="text"/>	<input type="text"/>	
	Date of birth	Date of accident
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Claimant's lawyer

Firm name	Practitioner	
<input type="text"/>	<input type="text"/>	
Firm address	Reference number	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Telephone	Email
Post code	<input type="text"/>	<input type="text"/>

Serious Injury Claim Information

Please provide name(s) of all parties against whom a Common Law claim is proposed with registration details of vehicles (if known):

Defendant	Registration Details

List the injuries relied on by the claimant and the relevant sub paragraphs of the definition of serious injury in Section 93(17) of the TAA

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 non-pecuniary loss only? Yes No

Supporting documentation

Please provide the following list of documents relied upon in the application (where appropriate) and attach copies where not previously provided to the TAC:

Affidavit sworn/...../.....

If unable to provide an affidavit, please provide reasons:.....

.....

Accident Circumstances or liability reports

1.	4.
2.	5.
3.	6.

Treating practitioner reports and material

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Medico-Legal reports

JME reports

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Scar sight photos attached Yes No

Financial documentation

1.	4.
2.	5.
3.	6.

Additional information (eg. school reports, lay affidavits)

1.	4.
2.	5.
3.	6.

Do you intend on providing any additional information? If yes, please provide details

Description of information

When it will be supplied

1.	
2.	
3.	
4.	

Other comments that would assist the TAC in making a serious injury decision (optional)

[Empty text box for comments]

Guardian/Administrator

Has the claimant had an administrator appointed? Yes No
If yes, please provide supporting documentation.

Date of lodgement

Lodged by (signed)

[Date input field: / /]

[Signature input field]

Workers compensation claim details . Expandable section if claim relates to a Workers Compensation claim

Does the claimant have an accepted workcover claim for this accident (if known)? Yes No Pending

Workers Compensation claim number (if known)

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

Has a serious injury application been lodged or is intended to be lodged with WorkCover?

Yes No

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 claimants. The TAC will retain any information provided to the TAC as part of the serious injury/common law process, and may use or disclose that information to make further inquiries or assist in the ongoing management of the claimant'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 www.tac.vic.gov.au.