



Law Institute Victoria

DISPUTE RESOLUTION APPLICATION: NO FAULT DISPUTE RESOLUTION PROTOCOLS

Important notes

This form is to be used by lawyers lodging a Dispute Resolution Application (DR Application) pursuant to the No Fault Dispute Resolution Protocols 2016.

Please complete this form identifying the decision the subject of the DR Application, and provide any information and documents in accordance with Chapters 5 and 10-15 of the No Fault Dispute Resolution Protocols which are already in the possession of the claimant and/or their lawyer and which are to be relied on in the DR.

Where do I send the DR application?

Correspondence to:

Review Manager

Transport Accident Commission

PO Box 742

GEELONG VIC 3220

or **Ausdoc DX 216079 GEELONG**

Claimant details

Claimant name

Claim no.

Date of birth

Date of accident

Claimant's lawyer

Firm name

Practitioner

Firm address

Reference number

Fax

Telephone

Email

Post code

Decision(s) that the claimant is seeking to have reviewed*

Date	Decision	Reasons why the claimant does not agree with the decision

Supporting material provided by the claimant with this DR Application

Date	Source (examiner/treater/other)	Type of information (discipline/report/other)

Request for Joint Medical Examination(s)

Please note this form constitutes a formal request for a JME relating to the decision(s) the subject of this dispute – a separate JME request form is not required

Date	Time	Examiner	Discipline

Timetable for supporting material to be collected by the claimant and provided in support of this DR Application

Anticipated date	Source (examiner/treater/other)	Type of information (discipline/report/other)

Denial of claim (Chapter 10) – request for TAC to pay for material

Source (examiner/treater/other)	Type of information (discipline/report/other)

Proposed DR conference dates when the claimant will be able to participate in a DR conference

1 st proposed DR conference date	
2 nd proposed DR conference date	
3 rd proposed DR conference date	

Claimant will provide timetable and proposed conference dates (Chapter 5) following receipt of TAC material (Chapter 6)

Guardian/Administrator

Has the claimant had an administrator appointed? Yes No

If yes, please provide supporting documentation.

Date of lodgement Lodged by (signed)

Attachments

Attachments included with this DR Application:

- Claimant's statement
- Accident Circumstances or liability reports
- Medico-legal reports
- Medical/treating practitioner reports
- Financial documentation
- Other

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 dispute resolution 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.