



DVA File No. (if known)

Privacy notice – Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.
 Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

In case pages of this form become separated, please place your name on the top of each page.

This form is part of your claim for payment and to calculate your rate of payment or review your entitlement under the *Veterans' Entitlements Act 1986*. It may also be used to determine eligibility for benefits under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*.

Failure to answer **all** questions may delay the assessment of your DVA entitlement.

About your compensation/damages claim

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

1. Your surname
2. Your given name(s)
3. Your address
 Postcode
4. Your email address
5. Your partner's surname
6. Your partner's given name(s)
7. What type of compensation are you claiming or have claimed?
 Workers compensation Motor vehicle accident Other
8. When did the injury or illness occur?
 / /
9. Where did the injury or illness occur?
 At work Travelling to or from work Other
10. Are you claiming under a personal sickness and accident insurance policy or income replacement policy?
 No Yes - Please provide a copy of your policy
11. Who are you claiming against?

 What is their address?

 Postcode
 What is their phone number?
 ()
 If in a motor vehicle accident, what is their car registration number?
12. Do they have insurance?
 No Yes - Give details below
 Insurance company's name
 Insurance company's address
 Postcode
 Insurance claim number
 Telephone number ()

About your solicitor

13. Solicitor's name

14. Name of solicitor's firm

15. Address
 Postcode

16. Email address

17. Reference number

18. Telephone number ()

Compensation payment details

19. On what date did the courts or relevant authority grant compensation? / /

20. Have you received weekly compensation? No Yes - When did the payments commence? / /

21. Are you still receiving any weekly compensation? No - When did it cease? / /
Yes - What is the gross weekly amount? \$

22. Are you trying to get weekly compensation? No Yes

23. Have you received a lump sum payment? No Yes - When did you receive your lump sum? / /
How much was the lump sum? \$

24. Are you trying to get a lump sum payment? No Yes

Please supply a copy of all documents relating to your grant and/or payment of compensation.

Declaration

I declare that the information I have given in this form is complete and correct. I authorise Australian Government departments or agencies (including Services Australia and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my Service Pension or Income Support Supplement application.

Giving false or misleading information is a serious offence.

Your signature

Your partner's signature (if applicable)