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Travelling Expenses Declaration

FORM I

To be completed by claimant where reasonable travelling expenses have been incurred for attending medical treatment as a result of injuries suffered in a motor accident.

All claims for reasonable travelling expenses incurred in attending for medical treatment of accident related injuries must be supported by documentary evidence of attendance at the relevant provider, and only claims for travelling in excess of 20 kilometres one way will be considered

Please read the following notes before completing **both** sides of this form.

The following travelling expenses may be claimed:

- Private Vehicle:** The MAIB assesses the amount to be paid on a set rate per kilometre.
- Public Transport:** To confirm the fares paid, your tickets must accompany this declaration. Reimbursement is paid in full if travelling expenses are considered reasonable.
- Taxi Transport:** Before the MAIB will consider reimbursement of your taxi expenses, a prescribed MAIB medical certificate must be obtained from your medical provider. The certificate must confirm that because of the motor accident injuries you received it was necessary to travel by taxi and public transport was unsuitable. It should also specify the number of weeks taxi travel is required. Receipts for your taxi travel must accompany this declaration. Reasonable taxi expenses will be reimbursed in full.

CLAIMANT'S DETAILS

Claim Number	<input type="text"/>
Surname	<input type="text"/>
Given Names	<input type="text"/>
Home/Business Address	<input type="text"/>
	<input type="text"/>
	State <input type="text"/> Postcode <input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Accident	<input type="text"/> / <input type="text"/> / <input type="text"/>

Mode of Transport (*Note: More than one mode of transport can be claimed on this form*)

Please tick which mode of transport being claimed

Private Vehicle
 Public Transport
 Taxi
 Other

If OTHER, please specify

At the time you were travelling to seek treatment as a result of injuries suffered in the motor accident, did any other person travel with you at the same time, for the same purpose? NO YES

If YES, please specify

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	State: <input type="text"/> Post Code: <input type="text"/>
Claim Number:	<input type="text"/>

UNLESS THE PROVIDER ATTENDED SECTIONS ARE COMPLETED FOR EACH JOURNEY, TRAVEL COSTS WILL NOT BE PAID.

Travelling Expenses Declaration

Note: Receipts must be attached for taxi and public transport and kilometres (return) must be completed

Date of Travel	Journey From (Name and Address)	Journey To (Name and Address)	Taxi Fare Paid \$	Public Transport Fare Paid \$	KLMs Return	Vehicle Registration Number
Name of treating Provider attended		/ / Date	Signature or Stamp of treating Provider			
Name of treating Provider attended		/ / Date	Signature or Stamp of treating Provider			
Name of treating Provider attended		/ / Date	Signature or Stamp of treating Provider			
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Name of treating Provider attended		/ / Date	Signature or Stamp of treating Provider			
Name of treating Provider attended		/ / Date	Signature or Stamp of treating Provider			

Travelling Expense Declaration

I declare that I have made the above journeys to and from medical treatment as a result of injuries I sustained in a motor accident. I also declare that the travel claimed above does not relate to a pre-accident or unrelated medical condition.

Full Name:
Signature:
Dated: