

## Information about claiming

Travel costs can be claimed to attend medical treatment where the distance travelled is **greater than 20 kilometres each way**. This includes the reasonable cost of the use of your private vehicle, public transport, taxi or rideshare services.

The cost of taxi or rideshare services can also be claimed to attend medical treatment where the travel is **less than 20 kilometres each way** for a maximum period of up to 39 weeks from the date of the accident.

Travel costs must be lodged for reimbursement within 12 months of the date of travel.

### Private vehicle

We will reimburse a set rate per kilometre (refer to the MAIB website for more information). The rate is inclusive of petrol and parking expenses.

### Public transport

We will reimburse the reasonable cost of public transport. To confirm the fares paid, attach a copy of the tickets to this form.

### Taxi or Rideshare

To claim the cost of taxi or rideshare travel, a medical certificate is required from your doctor. The certificate needs to state your requirement to use taxi or rideshare services to attend medical treatment due to your injuries, and the period for which taxi or rideshare services are required.

We will reimburse the reasonable cost of taxi or rideshare services. To confirm the fares paid, attach a copy of the taxi or rideshare receipts to this form.

## MAIB client details

Please **print** using a blue or black pen.

**1** Client's name

Surname

Given names

**2** Date of birth

 

**3** Claim number

**4** Did other MAIB clients travel in your vehicle to get treatment?

No  **Go to 7**

Yes  **Go to 5**

## Other MAIB client details

**5** Other client 1

Surname

Given names

Home address

  

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State                      Postcode

Claim number

**6** Other client 2

Surname

Given names

Home address

  

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State                      Postcode

Claim number

## Travel details

### 7 Give details of the travel being claimed

Date of travel	Travel from	Travel to	Private vehicle total kms return	Taxi / Rideshare amount claimed	Public transport amount claimed
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$
/ /			kms	\$	\$

## Declaration

### 8 I declare that:

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

Signature of  
**MAIB client**  
or **Authorised Representative**

Name

Date

## Returning this form

Check you have answered all required questions and have signed and dated the form.

Return your completed form by:

- email to: **info@maib.tas.gov.au**
- post to: **Motor Accidents Insurance Board  
Reply Paid 590  
Launceston TAS 7250**