



1st Floor,
33 George Street, Launceston
PO Box 590, Launceston 7250
DX 70112, Launceston
Telephone: (03) 6336 4800

Living Away From Home Allowance Declaration

FORM O

TOLL FREE 1800 006 224

Facsimile: (03) 6336 4848
Email: info@maib.tas.gov.au
Website: www.maib.tas.gov.au

Claimant's Personal Details

Surname	
Given Names	

Home Address	
State	Postcode

Date of Birth	/ /
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Date of Accident	/ /
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Is the Injured person claiming the Living Away from Home Allowance? No Yes

Details of any other person claiming Living Away from Home Allowance for the purpose of providing assistance or support to the Injured Person

Surname	
Given Names	

Home Address	
State	Postcode

Relationship to Claimant	
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