



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.

[Read more: How DVA manages personal information](#)

***In case pages of this form become separated, please place your name on 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 *SRC 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

  


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Postcode

4. Your partner's surname

5. Your partner's given name(s)

6. What type of compensation are you claiming or have claimed?

Worker's compensation  Motor vehicle accident  Other

7. When did the injury or illness occur?

 /  / 

8. Where did the injury or illness occur?

At work  Travelling to or from work  Other

9. Are you claiming under a personal sickness and accident insurance policy or income replacement policy?

No  Yes  - Please provide a copy of your policy

10. Who are you claiming against?

What is their address?

  


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Postcode

What is their phone number?

 ( ) 

If in a motor vehicle accident, what is their car registration number?

11. Do they have insurance?

No  Yes  - Insurance company's name

Insurance company's address

  


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Postcode

Insurance claim number

Telephone number

 ( )

## About your solicitor

12. Solicitor's name

13. Name of solicitor's firm

14. Address

  

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 Postcode

15. Reference number

16. Telephone number

 (   )

## Compensation payment details

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

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18. Have you received weekly compensation?

No  Yes  - When did the payments commence?

 /  / 

19. Are you still getting any weekly compensation?

No  - When did it cease?

 /  / 

Yes  - What is the gross weekly amount?

 \$

20. Are you trying to get weekly compensation?

No  Yes

21. Have you received a lump sum payment?

No  Yes  - When did you get your lump sum?

 /  / 

How much was the lump sum?

 \$

22. 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 Centrelink 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

 / /

## OFFICE USE ONLY

Pension/Income Support Supplement No.

Pension/Income Support Supplement type

Date of commencement

 /  / 

Is the DVA client also the compensation claimant?

No  Yes