



**Australian Government**  
**Department of Veterans' Affairs**

## Claimant Report - Driving a Motor Vehicle Intervertebral Disc Prolapse

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

### *Veteran's Details*

Surname	Given Names	DVA File Number

### *Report Detail*

- When were the symptoms or signs of {+SubstituteClaimedCondition,I} first noticed? *Please be as specific as possible.*

- Is there a history of regularly driving a motor vehicle for an average of at least 25 hours per week?
- Is there a history of regularly driving a motor vehicle for an average of at least 30 hours per week?

**\*\*\*Claims assessor - please use the first version of this question if the veteran has operational service or operational service as well as eligible service. If there is only eligible service, delete the first version and use the second version of the question.\*\*\***

The Repatriation Medical Authority has defined a motor vehicle as "a motorised vehicle which imparts vibration to the whole body, such as a car, truck, motor cycle, tractor, jeep, armoured personnel carrier, tank, or a construction vehicle, such as a forklift, bulldozer, crane, steam shovel, backhoe or steam roller".

- No**
- Yes** – *In the table overleaf please give a brief description of the activities involved, both service and non-service activities. This does not include travelling in the vehicle as a passenger.*

**Driving a motor vehicle (include driving during service as well as non-service driving):**

Period	Type of motor vehicle	Average number of hours a week spent driving the vehicle	Occupation and activities performed
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			

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***Claimant's Signature***

***You are reminded that:***

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.

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