



Australian Government
Department of Veterans' Affairs

Claimant Report - Physical Trauma

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

1. When did the (insert claimed condition) occur? *(Please be as specific as possible)*

2. How did the fracture occur? *(Please include what you were doing at the time)*

3. What symptoms did you have at the time of the fracture?

4. What medical treatment was obtained following the fracture?

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.