



Australian Government

Department of Veterans' Affairs

Claimant Report – _____

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. Which part of the body suffered the bruise? *(Please identify site and side where appropriate eg left thumb, right hip etc)*

2. When did the bruise occur? – *please be as specific as possible*

3. Please provide the details of the physical trauma that caused the bruise:

Nature of physical trauma	
Activity being performed	
Was this activity a service-organised activity? (That is, part of normal duties or training, or organised sport)	<input type="checkbox"/> Yes <input type="checkbox"/> No - Were you on duty at the time the injury occurred?
Place where this occurred	
Was an Injury Report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
medical treatment obtained at the time of the injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes – what was the nature of the treatment and from whom was treatment obtained?

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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