



**Australian Government**

**Department of Veterans' Affairs**

## **Claimant Report – Significant Physical Force**

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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.

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### ***Veteran's Details***

**Surname**

**Given Names**

**DVA File Number**

### ***Report Detail***

1. Has there ever been a significant physical force to or through the (insert claimed position)?

**No** - Please sign the form and return it to the Department

**Yes** - If there has been more than one incident or injury, please attach separate answers for each injury:

2. When did the incident or injury occur? (Please be as specific as possible)


3. Please describe how the injury occurred, including the cause of the injury and the nature of the significant physical force suffered:


4. How soon after the incident or injury did the symptoms begin?


5. Was any medical treatment obtained following the incident or injury?

No

Yes - Please describe the treatment including the nature of the treatment, when the treatment was provided and by whom:


**If you require additional space a signed statement detailing the information may also be provided with, or in place of this questionnaire. Please also attach any other relevant additional information.**

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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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