Victorian Aids and Equipment Program

Undertaking Insurance Claim

To be completed by applicants for Victorian A&EP assistance for injuries which are the subject of any form of legal claim, such as WorkCover, workers' compensation, third party motor vehicle insurance or public risk insurance.

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| Victorian A&EP Issuing centre |
| I*(full name of applicant)*of *(address)*Undertake to repay the Victorian A&EP the cost of any assistance supplied to me by the program should I obtain damages for my injuries from any claim I have made, or intend to make or may take against any insurance company, scheme or organisation. |
| I have/have not engaged a solicitor to act for me in the matter of my claim for damages.The name of the solicitor is:  |
| I will ensure that the above Victorian A&EP issuing centre is advised of any progress in my claim and of any change in my residential address within 14 days of such change. |
| Signed: Name:Witness: Signature:Date:  |