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Housekeeping Declaration

FORM N

To enable the MAIB to establish your eligibility for the reimbursement of housekeeping costs paid by you, it is required that you complete this declaration.

Claimant's Personal Details

Surname

Given Names

Home Address

State

Postcode

Date of Birth

Date of Motor Accident

Normal weekly household duties carried out by you at least once per week prior to the motor accident

Please advise full details of any housekeeping services utilised by you prior to the motor accident

Details of normal weekly household duties you now require assistance with as a result of the injuries sustained in the above motor accident

Housekeepers Details

Mr Mrs Miss Ms Other (please specify)

Surname

Given Names

Home Address

State

Postcode

Contact Details

()

Work Telephone Number

()

Home Telephone Number

()

Mobile Telephone Number

()

Facsimile Number

E-mail Address

Relationship to housekeeper

The date the housekeeper
was first engaged

/ /

The date the housekeeping assistance
ceased or is anticipated to cease

/ /

The rate paid to the housekeeper

\$

Per: Hour / Day / Week
(CIRCLE APPLICABLE)

Declaration

I declare that the information I have provided in relation to claiming a housekeeping allowance from the Motor Accidents Insurance Board, to the best of my knowledge and belief, is true and correct.

Full Name (Please Print)

Signature

Dated

/ /