

## **APPENDIX 6**

### **DEPARTMENT OF VETERANS' AFFAIRS**

#### **Military Compensation and Rehabilitation Services**

*Letter to claimants under the Safety, Rehabilitation and Compensation Act 1988 (SRCA)*



**COMMONWEALTH DEPARTMENT OF  
VETERANS' AFFAIRS**

**Telephone:** (02) 6289 6775

**Toll Free:** 1800 026 185

**File Reference:** <Insert File Number>

Military Compensation and  
Rehabilitation Service

Dept of Veterans' Affairs

PO Box 21

Woden ACT 2606

Friday, 29 August 2003

<Insert Claimant Courtesy Title> <Insert Claimant Given Name> <Insert Claimant  
Surname>

<Insert Claimant Home Address Block>

<Insert Claimant Salutation>

**SAFETY, REHABILITATION & COMPENSATION ACT 1988 (SRCA)**

I refer to your application for a lump sum payment for permanent impairment for a <Insert  
Determined Condition> condition.

On the basis of the report provided by <Insert Name of Reporting Doctor>, it appears that  
you suffer a whole person permanent impairment as a result of your compensable injury  
and that the degree of impairment is <Insert Percentage Permanent Impairment>%. A  
copy of the report by <Insert Name of Reporting Doctor> is enclosed.

The total amount of compensation payable to you is <Insert Total Amount of  
Compensation Payable Lump Sum> which consists of <Insert Amount of Compensation  
Payable Under Section 24> under Section 24 of the Act and <Insert Amount of  
Compensation Payable Under Section 27> under Section 27 of the Act for non-economic  
loss.

If you decide to accept this payment, it could affect any pension that you may be receiving  
from the Disability Compensation Branch for the same condition. I suggest that you  
contact them if you wish to obtain further advice about this possibility.

Under Section 45 of the Act, you may have a right to sue the Commonwealth, a  
Commonwealth authority or another Commonwealth employee for damages at common  
law if you believe that your permanent impairment resulted from their negligence.

If you are considering this option, Military Compensation and Rehabilitation Service  
recommends that you consult a solicitor before acting. You should also be aware that any  
legal costs would be your responsibility. If you do sue the Commonwealth, a  
Commonwealth authority, or another Commonwealth employee, compensation will not be



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payable to you under Section 24 or 27 of the Act. The maximum amount of damages that can be awarded to you if you were to succeed in such proceedings is \$110,000.00.

This letter is to advise you of the amount payable (subject to clearance from the Disability Compensation Branch), to enable you to make an informed decision as to whether you wish to receive the compensation or institute proceedings at common law. This not a formal assessment or determination of the amount of compensation which may be paid for your impairment.

A formal determination and assessment of the amount of compensation payable to you will be made when you tell us what you want to do.

If there is anything you would like to discuss, please phone me on (02) 6289 6775.

Yours sincerely

<Insert Your Full Name>  
Delegate SRCA

Enclosure:

1. Copy of Report by <Insert Name of Reporting Doctor>
2. Lump Sum Election Form



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**ELECTION UNDER SECTION 45 OF THE SAFETY, REHABILITATION AND  
COMPENSATION ACT 1988 (SRCA)**

I, .....

hereby elect

- to receive compensation under the Safety, Rehabilitation and Compensation Act 1988 for my permanent impairment and non-economic loss.
- to sue the Commonwealth, a Commonwealth authority or another Commonwealth employee for damages at common law.

**(\* Cross out the one you do not want to do)**

I understand that the effect of being paid compensation under the Act is that I will not be able to sue the Commonwealth, a Commonwealth authority, or another Commonwealth employee at a later date.

I DO/DO NOT (cross out whichever is wrong) receive pension from the Disability Compensation Branch.

If applicable, my Disability Compensation Branch reference number is.....

SIGNED .....

DATE ...../...../.....

FILE REFERENCE NUMBER: <Insert File Number>



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