STATUTORY DECLARATION

I, _____ ,
[full name]

of _____ ,
[address]

_____ **, do solemnly and sincerely declare that:**
[occupation]

1 An Ambulance Service was used by Myself or my Dependant as defined by the Ambulance Benefit Scheme Rules.

2 The Ambulance Service was used on _____
[date]

3 The Ambulance Service was used for an emergency or was reasonably necessary in the circumstances.

4 I confirm that the responsibility for payment for using the Ambulance Service does not lie with a third party such as:

4.1 Workcover
4.2 Transport Accident Commission (TAC)
4.3 A Statutory Authority
4.4 State of Victoria
4.5 Commonwealth of Australia

5 I confirm that I do not hold a Victoria issued DSS Pensioner Concession, Health Care, Veterans Affairs, or specific Entitlement Card.

6 I confirm that I do not have Ambulance Cover through a Private Health Insurance Policy.

7 I confirm that I do not have Ambulance Cover through a Sporting Club.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

in the State of Victoria, this _____ day of

_____ 20_____ .....
Signature of person making this declaration
[to be signed in front of an authorised witness]

Before me,

.....
Signature of authorised witness

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 [Vic.] (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)