



Section A

**Fund Member
Details**

Fund Member Name

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Details of person within the entity to contact concerning the claim:

Name

Business Address

Telephone

Email

Date that you or the
organisation first became
aware of the claim

/ /

Does this claim arise out of
travel that was approved?Yes ☐No ☐

Section B

**Traveller
Details**

Name of Traveller

Occupation

Employer

Date of Birth

Business Address

Telephone

Mobile No.

Email

Section C

Travel DetailsWas the cancelled journey
Official Travel?Yes ☐No ☐**Details of Official Travel:**

Travel commencement date

/ /

Travel finishing date

/ /

Details of approved leave while travelling:

Leave commencement date

/ /

Leave finish date

/ /

Destination

Section D

**Cancellation
of Journey**Why were you unable to
commence or complete the
covered journey?Was the cancellation a
result of injury or illness?Yes ☐No ☐Was the cancellation a
result of injury or illness to a
relative or person as
defined in the Policy?Yes ☐No ☐If **yes**, please give details below

Their name

Relationship to traveller

Business Address

Telephone

Date of birth

/ /

Mobile No.

Section E

**Medical
Details**



Nature of complaint preventing travel.
Was any treatment for the injury or illness received within 30 days prior to departure?

Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of covered traveller's usual doctor:

Name

Business Address

Email

**Section F
Cancellation
Details**

Date travel agent was advised to cancel bookings

Deposit paid

Balance of full fare

Total paid

Refund received on cancellation

Full amount being claimed

Were any alternative arrangements offered or made?

If **yes**, please provide details

Were any additional fees incurred as a result of cancellation?

If **yes**, please provide details

/ /		
AUD\$	Date paid	/ /
AUD\$	Date paid	/ /
AUD\$		
AUD\$		
AUD\$		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Attachments

- Proof of cause i.e. original doctor's/hospital's certificate relating to injured or ill person or letter relating to cancellation, curtailment or diversion of scheduled public transport.

Failure to provide these items may result in a delay in managing your claim.

In accordance with the Privacy Act 1988 and the Australian Privacy Principles, all personal and sensitive information collected directly from you, and from other agencies, will be stored and used on our claims management system. This information may be forwarded to external service providers for the purposes of assessing your claim, and may be shared with third parties as authorised by law. Further information about the privacy practices of Finance, including how to make a complaint, is contained in the privacy policy available at <http://www.finance.gov.au/sites/default/files/privacy-policy.pdf>.

Name of person reporting the claim

Signature of person reporting the claim

Date

Name of Fund Member Contact

Signature of Fund Member Contact

Date