



Section A
**Fund
Member
Details**

Fund Member Name

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Details of person within 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

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Occupation

--

Employer

--

Date of Birth

/ /

Business Address

--

Telephone

--

Email

--

Section C
**Travel
Details**

Did the incident occur whilst on Official Travel?

Yes ☐

No ☐

Date of incident

/ /

Destination

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Details of Official Travel:

Travel commencement date

/ /

Travel finishing date

/ /

Details of approved leave while travelling:

Leave commencement date

/ /

Leave finish date

/ /

Section D
**Carrier
Details**

Are you claiming for lost or damaged personal effects and/or luggage?

Yes ☐

No ☐ *If so, go to Section G*

Were articles lost by an Airline?

Yes ☐

No ☐ *If so, go to Section E*

If articles were lost by an Airline you are required to lodge a claim with the Airline first

Have you lodged a claim against any carrier e.g. Airline?

Yes ☐ *If so, please give details and attach copies of correspondence*

No ☐

Carrier name

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Claim number



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Official Travel Overseas – Luggage and Personal Effects / Additional Expenses Claim Report

Section E

Luggage and Personal Effects Details

Give full details of how and where loss, damage or theft occurred.

Description of suitcase in which missing goods were carried

Were all the missing/damaged articles your property?

*If **no**, who is the owner?*

Are any of the items covered by other insurance?

*If **yes**, please provide details*

In the event of theft, were the Police advised?

*If **yes**, please give details below and attach a copy of their report.*

Date incident was reported to police

Police Station

Officer's Name

Police Station Telephone No.

Police Incident No.

Has the property been recovered.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> <i>If so, please give details below and attach a copy of their report</i>	No <input type="checkbox"/> <i>If so, go to Section F</i>
/ /	

Section F

Articles Claimed

Full details of articles claimed	Name and address from where goods were purchased	Date of purchase	Purchase price	Replacement Cost
		/ /	AUD\$	AUD\$
		/ /	AUD\$	AUD\$
		/ /	AUD\$	AUD\$



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Official Travel Overseas – Luggage and Personal Effects / Additional Expenses Claim Report

Section G

Additional Expenses

Reason for incurring additional expenses or forfeiting travel or accommodation expenses

Details of expenses incurred

Were these expenses incurred as a result of injury or illness?

Were these expenses incurred as a result of injury or illness to any other person or relative as defined in the Policy?

If **yes**, please give details below

Their name

Relationship to traveller

Business Address

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

	Date of Birth	/ /



Attachments

- Original receipts and/or tickets relating to additional expenses incurred
- Any relevant response to claims to airlines or other organisations
- Proof of purchase (if available) quotes/invoices for nearest equivalent replacement of lost, stolen or damaged baggage/personal effects

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