



**Section A  
Fund  
Member  
Details**

Fund Member Name

**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

Occupation

Employer

Date of Birth

Business Address

Telephone

Email

Mobile No. :

Did the incident occur whilst on  
Official Travel?

Yes ☐ No ☐

**Section C  
Travel  
Details**

**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  
Comcare  
Declaration**

Have you lodged a claim with  
Comcare in the first instance?

Yes ☐ No ☐

Date Comcare notified

/ /

Has your claim been rejected  
by Comcare?

Yes ☐ No ☐

Reason for rejection

**Section E  
Accident  
Details**

**For Illness details please go to Section F**

Date of accident

/ /

Type of injury

Full details of accident

Date of first medical  
consultation

/ /

Name of doctor and/or hospital



**Section F**  
**Illness**  
**Details**

Details of other treatment by  
doctor and/or hospital

Date and time admitted into  
hospital

Date and time discharged from  
hospital

Date of commencement of  
illness

Type of illness

Date of first medical  
consultation

Name of doctor and/or hospital

Details of other treatment by  
doctor and/or hospital

Date and time admitted into  
hospital

Date and time discharged from  
hospital

Was any treatment for the  
illness received within 30 days  
prior to departure?

/ /	Time
/ /	Time

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

**Section G**  
**Claim**  
**Amount**  
**Details**

A copy of the account / proof of payment must be provided for every item listed below.

Date of Account:

Service Provider:

Amount Claimed:

Currency:

Proof of conversion to AUD  
attached?

(\*If not provided, Comcover will use [www.oanda.com](http://www.oanda.com) at date of account payment).

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

Date of Account:

Service Provider:

Amount Claimed:

Currency:

Proof of conversion to AUD  
attached?

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

Date of Account:

Service Provider:

Amount Claimed:

Currency:

Proof of conversion to AUD  
attached?

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



**Attachments**

- Proof of cause i.e. original doctor's/hospital's certificate relating to injured or ill person.

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>.*

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Name of person reporting the claim

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Signature of person reporting the claim

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Date

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Name of Fund Member Insurance Contact

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Signature of Fund Member Insurance Contact

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Date