



## Comcover Personal Effects Claim Report

### Section A

#### Fund Member Details

Fund Member Name

#### Details of person within Fund Member to contact concerning the claim:

Name

Email

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

/ /

Is this claim consistent with your Accountable Authority Instructions or the equivalent, applicable to your organisation?

Yes ☐

No ☐

### Section B

#### Employee Details

Name of Employee

Business Address

Telephone

Mobile No.

Email

Date and time of incident

/ /

Time:

### Section C

#### Details of Loss

*Please note: If articles were lost by an airline, you are required to lodge a claim with the airline first.*

Incident Location

☐ Workplace

☐ Approved business travel within Australia

Incident Address

Description of Incident

Is there any salvage?

Yes ☐

No ☐

Date the loss was reported to the Police

/ /

Police Station

Officer Name

Police Station Telephone No.

Police Incident No.

Has property been recovered?

Yes ☐

No ☐

### Section D

#### 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\$



**Attachments**

- Proof of purchase (if available) quotes / invoices for the nearest equivalent replacement of lost, stolen or damaged baggage / personal effects
- Copy of claim lodged with airline (if relevant)
- Copy of policy report (if relevant)

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