

Expatriate

Claim Form Questions - PDF claim form questions are to be used for reference only. All claims are to be raised through the online portal.



Australian Government
Department of Finance

Fund Member Details

Fund Member Details

Is the Fund Member Expatriate's Employer?

Employer

Fund Member Reference No.

Claim Communication

Who should Comcover communicate with, on this claim

Expatriate Details

Country of Posting

Claimant Status

Title

First name

Middle initials

Last name

Date of Birth

Dial code

Telephone

Email

Spouse Details

Title

First name

Middle initials

Last Name

Date of Birth

Dial code

Telephone

Email

Expatriate Dependent Details

Title

First name

Middle initials

Last Name

Date of Birth

Dial Code

Telephone

Email

Medical Treatment Details

Type of Incident:

Date of Illness/Injury

Country

City

Nature of Illness/Injury

What was the
Treatment/Assistance
provided for

Is the Illness due to a pre-
existing condition?

Nature of Pre-existing
condition

Did the injury occur at a
Workplace

Claim Details

Invoice Date	Service Provider	Invoice Amount	Invoice Currency	How was the invoice paid?	Payment Receipt	Bank Transaction Statement?
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List invoices

Claim Payment

Where should any approved
payments on this claim be made?

Account name

BSB number

Account Number

I consent to Comcover collecting, using, holding and disclosing my personal
information as described above.