# Personal effects & Travel Inside of Country



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

#### **Fund Member Details**

**Fund Member Details** 

Fund Member Reference No.

#### **Claimant Details**

Title

First Name

Middle Initials

Last Name

Date of Birth

Dial Code

Telephone

Email

#### **Incident Details**

Where did this incident occur?

Incident Type

Date of Incident

Details of Incident

Place of Incident

Were the article/s Lost, Damaged, Destroyed or Stolen?

Were articles lost by an Airline or other carrier

Have you made a claim to the airline carrier?

Name of airline or other carrier

Claim number

Airline or other carrier correspondence

Was the incident reported to police

Date incident was reported

Police incident number

Police Station

Copy of police report

## **Article Expenses**

What was the article?

Details of the article

Has the article been recovered

Is there any salvage

Is the article covered by insurance?

Insurer

**Policy Number** 

Were the articles bought or gifted?

Store/Website

City

Date of Purchase

Purchase Price

Replacement Cost

Proot of purchase

Supporting documentation for replacement cost

# **Baggage and Luggage**

Description of baggage in which articles were carried

## **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.