

**Travel Outside of Country - Medical
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 Traveller's
Employer?

Employer

Fund Member Reference No.

Claimant Details

Title

First Name

Middle Initials

Last Name

Date of Birth

Dial Code

Telephone

Email

Travel Details

Travel Origin Country

Travel Destination Country

Travel Start Date

Travel End Date

Did traveller take personal leave
during the official travel

Leave Start Date

Leave end date

Incident Details

Incident type

Date of injury

Date of commencement of illness

Nature of illness/injury

How was the Injury Sustained?

Date of first medical consultation

Name of treating doctor

Was the traveller admitted to a hospital?

Hospital Name

Date Admitted

Has the traveller been discharged?

Date of discharge

Country of Injury/illness

City of Injury/illness

Did the injury occur at a Workplace

Medical Certificate

Was the death caused by an accident/Injury or Illness

Claim Details

Invoice Date	Service Provider	Invoice Amount	Invoice Currency	How was the Payment invoice paid? receipt	Bank Transaction Statement
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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.

SAMPLE