

Travel Outside of Country - Non 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 date

Country of incident

City of incident

Incident type

Details of Incident

Baggage and Personal Effects Details

Were the articles/s lost, damaged, destroyed or stolen?

Were articles lost by an Airline or other carrier?

Was a claim made to airline carrier

Airline or other carrier

Claim number

Supporting documentation

Was the incident reported to the police?

Date incident was reported?

Police incident number

Police station

Police Report

Other Non-Medical Expense Details / cancellation of journey

What are the reasons for the incurring additional expense

What are the reasons for not being able to commence or complete the travel?

Were these cancellation or expenses incurred as a result of injury or illness of the traveller

Other person's full name

Other person relationship with partner

Nature of complaint preventing travel

Articles Claimed

Description of baggage in which missing articles were carried

Non Medical Expenses

What other non-medical expenses were incurred?	Details of the expense	Expense Amount	Supporting Documentation
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Cancellations Claimed

What cancellation expenses were incurred

Details of cancellation

Date travel agent was advised to cancel bookings

Total amount paid

Was a refund issued on cancellation?

Refund Amount

Total amount claimed

Booking confirmation

Proof of payment

Proof of refund

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.