Insurance Commission of Western Australia

Government Insurance Division

Level 15, Tower 2, Mia Yellagonga
5 Spring Street
Perth WA 6000

GPO BOX L920
Perth WA 6842

Tel: (08) 9264 3333
icwa.wa.gov.au

Travel Claim

1. Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

2. Claimant details

Family name:	Given name(s):
Address:	
Date of birth:	Phone:
Email:	
Relationship to agency (e.g. employee):	

3. Incident details

Did the incident happen on an authorised business trip?	Yes ☐	**If yes, please provide supporting documents.**	No ☐
Does the authorised travel include any leave?	Yes ☐ No ☐	Start date:	End date:
If yes, provide details:			
Journey departure date:	Location: From:		To:
Journey return date:	Location From:		To:
Date of incident:			Time: am/pm
Location of incident:			
Detailed description of incident:			
Is there any other insurance(s) covering this claim?	Yes ☐	No ☐	
Have you or will you submit a claim for any damage, loss, expenses or injury for this incident, including through private travel or health insurance, Medicare or workers' compensation?			Yes ☐ No ☐
Insurance Company:	Policy number:	Claim number (if known):	
Nature of claim:			

4. Witness details (if applicable)

Were there any witnesses to the incident?	Yes ☐	If yes, provide details:	No ☐
Name:	Address:		
Phone:	Email:		

5. Agency declaration and authorisation

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim with the Insurance Commission on behalf of the abovementioned agency.

Signature:	Date:
Name:	Position Title:
Phone:	Email:

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6. Claim type

I am submitting a claim relating to (please tick):

☐ Baggage, additional accommodation and travel expenses, money/documents, any cancellations. **Please complete Part A: Property.**

☐ Medical expenses. **Please complete Part B: Personal accident/medical expenses.**

☐ Claim demands made against me. **Please complete Part C: Personal liability.**

Please complete all parts of the form relevant to your claim and send the completed form, including all relevant documents to gi.propertyclaims@icwa.wa.gov.au

Part A: Property

1. Baggage (if applicable)

Note: attach invoices, valuations or receipts to support the value of the items being claimed and acknowledgement or documents issued by the Police, hotel, carrier or other authority supporting the notification of the loss.

Did you own the lost or damaged baggage? Yes ☐ Please provide proof of purchase.
No ☐ Please provide the details of ownership.

Did you report the loss or damage to the Police, airline, carrier, hotel or other authority?
Yes ☐ If yes, please provide a copy of the report/correspondence. No ☐

Has any of the property been recovered or has any arrest been made?
Yes ☐ If yes, please provide details: No ☐

Do you consider any party or person(s) responsible for the loss or damaged?
Yes ☐ If yes, provide their details: No ☐

Name:	Address:
Phone:	Email:

Have you lodged a claim or complaint against the responsible party? Yes ☐ Please provide copies of the correspondence.
No ☐

Have any arrangements been made for replacement of the property or repairs? Yes ☐ Please provide details:
No ☐

Schedule of property lost or damaged

Items lost or damaged	Quantity	Date of purchase	Amount claimed

2. Additional accommodation and/or travel expenses (if applicable)

Any additional expenses you incurred:	
	$
	$
TOTAL	$
Less refunds (from private insurance)	$
Net amount claimed	$

3. Money/documents (if applicable)

Attach acknowledgement or documents issued by the police, hotel, carrier or other authority supporting the notification of the loss.
Did you own the lost or damaged money/documentation (e.g. credit card, cheques, travel documents, etc.)? Yes ☐ No ☐ If no, please advise details of ownership:
Did you report the loss to the police, airline, carrier, hotel or other authority? Yes ☐ Please provide a copy of the report or correspondence. No ☐
Have any of the money/documents been recovered or has any arrest been made? Yes ☐ Please provide details: No ☐
Advise details of the loss or damage and amount of claim:

	$
	$
	$
TOTAL	$
Less refunds (from private insurance)	$
Net amount claimed	$

4. Loss of deposit/cancellation (if applicable)

Written confirmation of the amount lost must be obtained from the travel agent, transportation company and/or accommodation provider.
What date did you advise the travel agency, transport and/or accommodation provider?
Company name:
Company address:

Contact name:	Phone:	Email:
Were any alternative arrangements offered or made?	Yes ☐ If yes, please provide details: No ☐	
Have you applied for a refund of fares or bookings made?	Yes ☐ If yes, advise amount of refund: $ No ☐ If no, please advise the reason(s):	
Provide details of claim:		
Advise details of the loss or damage and amount of claim:		

Date deposit paid:	Deposit amount	$
Date balance of costs paid:	Amount paid	$
	TOTAL	$
	Less refund received on cancellation	$
	Net amount claimed	$

Part B: Personal accident/medical expenses

Note: medical, additional 'out of pocket' expenses and loss of deposit claims – first obtain the refunds from Medicare and/or private health fund (if any), then enclose all medical certificates or death certificate, accounts, receipts, documents and statement of benefit from Medicare and/or private health fund to support the claim.		
How long has the person been confined to:		
Bed	From:	To:
House/Hotel	From:	To:
Hospital	From:	To:
Name of medical practitioner attending:		
Address of medical practitioner attending:		
Was the claimant admitted to hospital? Yes ☐ No ☐ If yes, please provide the name of the hospital:		Gender: M ☐ F ☐
Are you a member of a private health insurance fund? Yes ☐ If yes, please provide the name of the fund and the policy number: No ☐		
Details of amounts claimed:		
		$
		$
		$
		$
TOTAL		$
Less refunds (from private health insurance, Medicare or workers' compensation)		$
Net amount claimed		$

Part C: Personal liability

Attach all letters or claim demands made against you. No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to the Insurance Commission of Western Australia for determination.		
Provide details of the person making the claim against you:		
Name:		
Address:		
Phone:	Email:	
Were any alternative arrangements offered or made? Yes ☐ If yes, please provide details: No ☐		