

Travel Claim



Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000
GPO BOX K837
Perth WA 6842
Tel: (08) 9264 3333
riskcover.wa.gov.au

Agency details

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

Claimant details

Last name:	First name:
Date of birth:	
Address:	
Phone:	Email:
Relationship to agency (e.g. employee)	

Incident details

Did the claim occur during the authorised business trip for the agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, provide details:	
Journey departure date:	From: To:
Journey return date:	From: To:
Date of incident:	Time of incident: am/pm
When was the incident discovered?	
Where did the incident occur?	
Describe the nature of the claim:	
Is there any other insurance(s) covering this claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, policy number:	
Insurance company:	
Nature of policy:	
Have you claimed for any benefit or refund (including medical expenses) or are you entitled to claim any source whatsoever (including private health insurance, insurance company, Medicare or workers' compensation) for this incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details:	

Personal accident/medical expenses (if applicable)

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:	From	To:
Hospital	From	To:
Name of medical practitioner attending:		
Address of medical practitioner attending:		
Was the claimant admitted to hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name of hospital:	

Are you a member of a private health insurance fund? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of fund:	Policy number:
Details of amounts claimed:	
	\$
	\$
	\$
	\$
	\$
TOTAL	\$
Less refunds (from private health insurance, Medicare or workers' compensation)	\$
Net amount claimed	\$

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.

Was the property lost or damaged wholly owned by you? Yes No

If no, provide details of ownership:

Was the loss or damage reported to the Police, airline, carrier, hotel or other authority? Yes No

If yes, advise to whom it was reported and date:

Has any of the property been recovered or has any arrest been made? Yes No

If yes, provide details:

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

Name:

Address:

Phone: Email:

Have you lodged a claim or complaint against the responsible party? Yes No If yes, provide copies of correspondence

Have any arrangements been made for replacement of the property or repairs? Yes No

If yes, provide details:

Schedule of property lost or damaged						
Items lost or damaged	Quantity	Date of purchase	Total replacement cost price	Value of salvage (if any)	RiskCover use only	
					Depreciation (where applicable)	Amount payable A\$

Additional accommodation and/or travel expenses (if applicable)

Any additional expenses incurred by you:	
	\$
	\$
	\$
	\$
TOTAL	\$
Less refunds (from private health insurance, Medicare or workers' compensation)	\$
Net amount claimed	\$

Money/documents (if applicable)

Attach acknowledgement or documents issued by the police, hotel, carrier or other authority supporting the notification of the loss	
Was the money/documentation which was lost or damaged wholly owned by you (e.g. credit card, cheques, travel documents, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, advise details of ownership:	
Was the loss reported to the police, airline, carrier, hotel or other authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, advise to whom and date reported:	
Has any of the property been recovered or has any arrest been made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details:	
Advise details of the loss or damage and amount of claim:	
	\$
	\$
	\$
	\$
TOTAL	\$
Less refunds (from private health insurance, Medicare or workers' compensation)	\$
Net amount claimed	\$

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 <input type="checkbox"/> No <input type="checkbox"/>		
If yes, provide details:		
Have you applied for a refund of fares or bookings made? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, advise amount of refund: \$		
If no, advise reason:		
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		\$

Personal liability (if applicable)

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 RiskCover for determination.

Provide details of the person making the claim against you:

Name:	
Address:	
Phone:	Email:
Were any alternative arrangements offered or made? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details:	

Witness details (if applicable)

Were there any witnesses to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:

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 against RiskCover on behalf of the abovementioned agency.

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