Insurance Commission of Western Australia

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Former Police Officers' Medical Benefits Scheme
Reimbursement of Travel Expenses

Claim number:
Incident date:

(Office use only)

Note: If you are unable to drive or use public transport and have to use a taxi service, your doctor or person administering the treatment must confirm it as being medically necessary.

Supporting receipts must be provided.

Worker details

Last name:	First name:
Address:	
Phone:	Email:

Details of travel expenses

Date	Details of travel		Number of km travelled	Name of medical practitioner/treatment provider
	From	To		

Signature of former officer: _____ Date: _____