



The University of Sydney

To: **Audit and Risk Management, K07**
Tel: 02 9351 4127 Fax: 02 9351 3596
http://www.usyd.edu.au/audit_risk/insurance

University Travel (baggage, medical, cancellation etc) Claim Form

EMPLOYEE/STUDENT NAME: STAFF/STUDENT NO.
PHONE NO:(WORK).....(HOME).....
EMAIL:DATE OF BIRTH:
DEPARTMENT:BUILDING CODE:
FACULTY:COLLEGE:

RELATIONSHIP TO UNIVERSITY Employee Voluntary Worker Undergraduate
 Honorary Staff Postgraduate Other (please specify).....

REASONS FOR TRAVEL Business / Conference Excavation Other (please specify).....
 Research Sabbatical Your role:.....

TRAVEL INFORMATION From.....to.....
Destination:.....Method of Travel.....

LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS, MONEY & CREDIT CARDS Date of Event:.....Where did Event occur?.....
Brief Description(including cause of loss/damage).....
.....
.....

Is any Third Party to blame for loss/damage)? No Yes
If so, who?.....

Have the police been notified? No Yes Date Reported.....

Have you taken any other action to recover or reduce your loss? No Yes
If yes, please provide details:.....

Name the owner of property lost/stolen/damaged:.....

Are any of the items covered by other insurance? (e.g credit cards, home & contents insurance)
 No Yes

If yes, please provide details:.....

Detailed Statement of Claim

(Please attach proof of ownership (e.g original receipts, manuals, warranties, replacement quotations or receipts, copy of Police Report)

Full Description of Property Lost/Stolen/Damaged	Date of Purchase	Replacement Cost
.....
.....
.....

If insufficient space, please provide details on a separate piece of paper.

CANCELLATION & ADDITIONAL EXPENSES

Please attach relevant documents to support your claim – receipts/tickets relating to additional expenses incurred. Letter from Travel Agent/Carrier verifying reason for additional expenses and any refunds. Letter from Physician explaining why insured person is unfit for travel.

Date:..... Amount (A\$ or other currency) \$.....

Details of Additional Expenses:.....
.....
.....

PERSONAL INJURY AND MEDICAL EXPENSES

(In the event of injury or sickness please contact **AIG Assistance on 612 9251 4298** [reverse charge anywhere in the world]. Please attach Medical Certificates & reports, original medical reports.

Date of Injury or Sickness:

Type of Injury or Sickness:

Did you seek medical consultation: No Yes

Name & Address of attending Physician:

Medical Expenses

Describe the Procedures, Medical Services, Supplies furnished:

Date	Medical Service	Amount
.....
.....
.....
.....

Amount: (A\$ or other currency) \$.....

OTHER CLAIMS / COMMENTS

Please provide details:

.....
.....
.....

DECLARATION

I/We do hereby declare that the foregoing answers are true and correct. I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim could be forfeited.

Employees Name (Print)

Employees SignatureDate

Employer Name & Position

Employers Signature:Date: