



# TRAVEL REIMBURSEMENT FORM

Please use this form to record travel from and to medical appointments/treatment that are as a result of your injury. If the space provided below is insufficient, please attach a separate sheet.

## Injured worker details

Claim Number

Surname

Given name(s)

Address

Postcode

## Vehicle details

Full description of vehicle used: Make, model, number of cylinder's 4, 6 or 8 , and engine capacity, number of CC's. eg: 1600

## Travel costs

Date expenses incurred	From	To	Destination/Reason	Kilometres
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
D D / M M / Y Y				
<b>Total kilometres</b>				

You can scan and attach your correspondence to an email and send to: [workerscompclaims@iag.com.au](mailto:workerscompclaims@iag.com.au)

Please ensure our claim number is included in the subject line of your email.

Alternatively, you can use free postage within Australia (no stamp required) by addressing your envelope to:

### WA and NT

CGU Workers Compensation Claims  
Reply Paid 85245  
Welshpool DC WA 6986

### ACT and Tasmania

CGU Workers Compensation Claims  
Reply Paid 91571  
Melbourne VIC 8060

Signature

Date



Insurer  
Insurance Australia Limited  
ABN 11 000 016 722  
trading as CGU Workers Compensation