



# TRAVEL REIMBURSEMENT FORM

Please use this form to record travel to and from appointments and treatment required as a result of an accepted work related injury/illness.

## Injured worker details

Claim Number

Surname

Given name(s)

Address

Postcode

## Vehicle details

Full description of vehicle used including Make and Model

## Travel costs

Date expenses incurred	From	To	Destination/Reason	Kilometres
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				
DD / MM / YY				

**Total kilometres**

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:

### NT and WA

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 AFSL 227681  
trading as CGU Workers Compensation