



# RAIL TRAM & BUS INDUSTRY UNION

AUSTRALIAN RAIL, TRAM AND BUS INDUSTRY UNION

South Australian & Northern Territory Branch

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## CLAIM FORM - RAIL TRAM & BUS UNION EMERGENCY TRANSPORT COVER

Member's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Union: \_\_\_\_\_

Membership Number \_\_\_\_\_ Length of Membership \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Where and how did the incident occur? \_\_\_\_\_

If Accident or Illness (Please specify what type of Accident or Illness)

If Illness: when was that illness apparent to you? \_\_\_\_\_

When was treatment first sought? \_\_\_\_\_

When was the last time you sought medical treatment for this illness?

Did a doctor authorise the use of the transport? \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Can you claim from a Private Health Fund, a Third Party, Worker's Compensation or any other Statutory Authority? \_\_\_\_\_

If yes, how much will you be reimbursed? \_\_\_\_\_

Where were you taken from and to for treatment?

From: \_\_\_\_\_

To: \_\_\_\_\_

***Please attach original Tax Invoice for transport and relevant documentation.***

### DECLARATION

I declare that all statements made by me in relation to this claim are true and correct in every respect.

Signed \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_