QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Workers Compensation Claim for Expenses

Claim Number

This form is to be used to claim expenses incurred by you in relation to your claim for workers compensation eg. travelling to/from an appointment or treatment, chemist expenses, medical accounts etc.
If you are using a private vehicle to travel to your appointment you are entitled to claim a reimbursement at a set rate per kilometre.
Please attach all original receipts (keep a copy) and return this form to your Case Manager or to GPO Box 1588 Sydney 2001.

Details

Name

Postal Address

Postcode

Employer

Date	Details of Expenses (eg. travelling to/from, reason to travel, bus/train fares, meals, chemist etc)	Provider Name (if applicable)	KM's Travelled (if applicable)	Amount Claimed	Office Use Only Payment Codes

The Privacy legislation protects personal and sensitive information on this form that could reasonably identify you to another person. QBE will only use or disclose your personal information for purposes that would reasonably be expected during the claim process. We may need to share your information with our agents or service providers who may also be involved with your claim. This could include rehabilitation providers, medical practitioners, investigators, solicitors, other insurers, and national and overseas reinsurers. If we need to use the information for another purpose, we will ask you for your permission first. You will be provided with the opportunity to access your personal information (some restrictions and costs may apply). In respect of any complaint that you may have regarding your personal information, QBE will provide you with our dispute resolution procedures. If you would like any further information or if you have any concerns about how QBE is managing your personal information, please contact the QBE Compliance Manager.

Office Use Only

Payment	$		
Req. No		Date	/ /
A/C Code		Batch	
Req Prep		Auth	
Chq. No		Date	/ /

Approved for Payments

Date / /