



RAIL TRAM & BUS INDUSTRY UNION

AUSTRALIAN RAIL, TRAM AND BUS INDUSTRY UNION

South Australian & Northern Territory Branch

Ray Hancox House, 63 Ledger Road, BEVERLEY SA 5009

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CLAIM FORM - RAIL TRAM & BUS UNION EMERGENCY TRANSPORT COVER

Member's Name: _____

Address: _____

Union: _____

Membership Number _____ Length of Membership _____

Date of Accident: _____

Where and how did the incident occur? _____

Accident or Illness? (Please specify) _____

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 ____ / ____ / ____