



CLAIM FORM

Membership No: _____

Name: _____

Email Address: _____

Address: _____

Are the costs of the service/s on this claim recoverable from Repatriation, Third Party, Workers Compensation or damages action or from any other source?

Yes

No

I acknowledge receipt of \$ _____ in full discharge of this Claim by _____

Member Payment Options Below:

<u>Cash (tick)</u>	<u>Cheque (tick)</u>	<u>Direct Credit</u>
<input type="checkbox"/> Combined max \$100 Cash paid at Office only	<input type="checkbox"/>	BSB: <input type="text"/>
		Account: <input type="text"/>

I declare that all the information I have provided is true and correct

Signature: _____ Date: _____

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