

CEPU Plumbing Division (NSW)

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015

Tel: 02 9280 1512, Fax: 02 9280 3415



CLAIM FORM FOR EMERGENCY TRANSPORT

Name:

Address:Postcode

Union Membership No:.....

Name of person using transport if different to Union member:

Relationship to Union member:

Date of accident:

Where did the accident occur?

Accident or illness (Please Describe **-IN DETAIL**):.....

.....

If illness, then when was that illness apparent to you, when was treatment first sought, last time medical treatment was sought for this illness:

.....

Did a doctor authorise the use for the transport?

Can you claim from a Private Health Fund, a Third Party, Workers Compensation or any other Statutory Authority?

If yes, how much will you be reimbursed?

Where were you taken from and to treatment?

From :

To:

Please attach a copy of the bill for transport and all relevant documentation.

DECLARATION

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

Signature:Date:.....

PTEU Plumbing Authorisation Name:.....

Signature:Date:.....