

# CEPU t/a PTEU of Australia NSW Branch

ABN: 85 656 451 687

Shop 1, 111 McEvoy Street

ALEXANDRIA NSW 2015

Tel: 02 9310 3411, Fax: 02 9310 1380



## 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.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

PTEU Plumbing Authorisation Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE; Please be advised that one bill per member per year/max per claim is \$350/you must be a financial member for more than 12 months**