

Worker expense claim



Coal Mines Insurance

Your name: _____

Claim number: _____

Employer: _____

Date of birth: _____

Travel expenses

Date of travel	Address where journey began	Treatment Provider & Address you travelled to	Did you return to home or work?	Public transport cost	Private vehicle total km
E.g. 24/2/22	143 Main Rd, Speers Point	Physio at 123 Hunter St, Newcastle	Home	\$0	55km

Other expenses (medication, parking, etc.)

Date of travel/expense	Type of expenses	Reason for expense	Cost
E.g. 24/2/22	Parking fee	Specialist appointment	\$65.00

Declaration

I declare that the above information is true and correct.

Signature _____

Date _____

When claiming expenses:

- Please provide your receipts as proof of claim.
- For prescribed medications, you must provide the 'Official Pharmacy Receipt'. If you are unsure, speak with your pharmacist about obtaining this.
- Coal Mines Insurance will only be liable for expenses we consider to be reasonably incurred.

Corporate Office

T: +61 (2) 8270 3200
F: +61 (2) 9262 6090
Level 21, 44 Market Street
Sydney NSW 2000
PO Box Q1895
Queen Victoria Building NSW 1230

www.coalservices.com.au

Newcastle

T: +61 (2) 4948 3150
F: +61 (2) 4953 0543
143 Main Road
Speers Point NSW 2284
PO Box 219
Boolaroo NSW 2284

Singleton

T: +61 (2) 6571 9999
F: +61 (2) 6571 1258
1 Civic Avenue
Singleton NSW 2330
PO Box 566
Singleton NSW 2330

Woonona

T: +61 (2) 4286 5430
F: +61 (2) 4283 7163
558-580 Princes Highway
Woonona NSW 2517
PO Box 212
Corrimal NSW 2518