Allianz Australia Insurance Limited
ACN 000122850 ABN 15000122850

TRAVELLING EXPENSES CLAIM

Claim Number

Worker's Name

Date	Travel From	To	Purpose of Travel	Distance (km)	Fare ($)
			TOTAL		

I declare that the above is a true account of expenses incurred by me in travelling as a result of my workplace injury.

Date

Signature

GPO Box 4771 DARWIN NT 0801 Ph: 1300 130 664 Fax: 1300 662 439