



MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

CLAIM FORM

MOTOR VEHICLE- CARAVAN - TRAILER

Instructions to the Club completing this Claim Form:

1. In the event of an incident leading to a Claim, details **must be reported immediately to the Local Police Station** where required to do so by your State's legislation.
2. **Do not admit Liability to any party.**
3. Completed Claim Form is to be returned to:

Lion Garry Galvin
Authorised Representative – AFSL 001239538
LIONS Australia Insurance Programme Consultant
PO Box 6003, KINCUMBER NSW 2251
Telephone: (02) 4369 8317 Mobile: 0408 674 770
Email: insurance@lions.org.au
Website: www.lionsclubs.org.au/insurance

1. Insured Details

Lions Club of		District:
ABN No.:	Is Club registered for GST? YES/NO	
Club Address:		
Secretary:	Phone:	
	Mobile:	
Email:		

2. Vehicle Details

Make of Vehicle:		Model:	
Reg. No.:	Year of Manufacture:	Odometer Reading:	
Registered Owner:			
Address of Owner:			Post Code:

3. Driver's Details

Name:			
Address:			Post Code:
Contact Numbers: (H)		(M)	
Email:			
Date of Birth: / /	Licence No.:		Expiry Date: / /
How long has the driver been licenced for this type of vehicle?			
Did the driver consume any alcohol, or take any drugs in the 24 hours prior to the accident? Please provide details:			
Did the Driver undergo a breath test, breath analysis or blood test? YES/NO Please provide details:			
What was the reading?			

SKETCH DIAGRAM OF ACCIDENT

1. Name streets	3. Indicate your vehicle
2. Indicate direction of travel	4. Indicate other vehicle/s

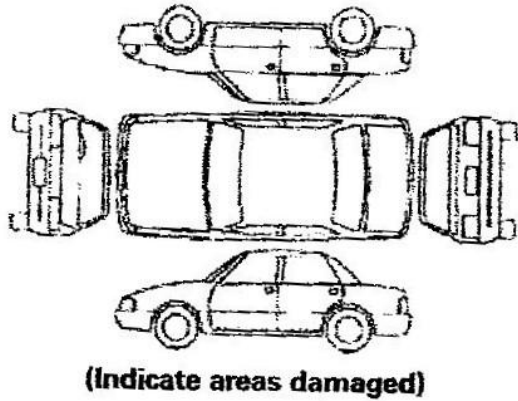
5. Damage to your Vehicle

Was your vehicle damaged? YES/NO	Was the vehicle towed from the scene? YES/NO
Name & Address of Tow Company:	
Phone No.:	Email:
Address where vehicle was towed to?	
Distance Towed: kms	Address where vehicle is now?

SKETCH DIAGRAM

Shade in damage to insured vehicle.

Indicate point of impact (X)



6. Police

Did Police attend the accident scene or did you report the incident to the Police? **YES/NO**

Details:

Name of Officer attending or taking the Report:

Rank:

Station:

Report No.:

Date of Report: / /

Please attach a copy of the Police Report

Was anyone charged? **YES/NO**

If so, who?

Nature of Charge:

7. Witness(es) Details

Name:	
Address:	Post Code:
Contact Numbers: Phone: Mobile:	Email:
Was this witness in the insured vehicle? YES/NO	

Name:	
Address:	Post Code:
Contact Numbers: Phone: Mobile:	Email:
Was this witness in the insured vehicle? YES/NO	

8. Owner/s and Driver's History

In the last 5 years have you as Owner or the Driver of this vehicle:

1. Had an insurance refused, declined or cancelled by an insurer, or had any special conditions imposed? **YES/NO**
2. Been convicted or charged with:
 - a) Drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? **YES/NO**
 - b) Any driving or speeding infringements? **YES/NO**
 - c) Fraud, arson or any other criminal act? **YES/NO**
3. Had a Driver's or Motorcycle Licence cancelled, suspended or endorsed? **YES/NO**
4. Had a claim or accident? **YES/NO**
5. Had a car stolen or burnt out? **YES/NO**
(include any not reported or not claimed from an insurer.)
6. Suffered or suffer from impaired eyesight (excluding wearing of prescription glasses); loss of or the use of any limb; loss of hearing; or from any physical defect or epileptic, diabetic, heart or mental condition? **YES/NO**

If you answered "YES" to any of the above questions please provide relevant details overleaf.

<i>Name of Driver</i>	<i>Date of Incident</i>	<i>Details of each incident</i>	<i>Your Insurer</i>	<i>Person at Fault</i>

If there is insufficient space, please attach an additional sheet with the details.

Declaration and Authorisation

The information and answers given above are true and complete in every detail.

I understand that the claim may be refused, delayed or reduced if information is withheld.

I authorise that JUA Underwriting Agency Pty Limited give to and obtain from motor insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signed:	
Name:	
Position in Lions Club:	
Date:	