



CLAIM No.

MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

GENERAL CLAIM FORM

Instructions to the Club completing this Claim Form:

- 1. In the event of Loss by Burglary or Theft, details must be reported immediately to the Local Police Station.**
- 2. 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

Lions Club of _____ District _____

ABN Number _____

Is Club registered for GST? **YES/NO** (Cross out whichever does not apply)

Secretary _____

Club Address _____

Telephone (H) _____ (W) _____ Mobile _____

Email _____

Date of Loss: _____ Where did Loss take place? _____

Give details of how the Loss occurred: _____

Is anyone to blame for this Loss? _____

If so, who? _____

Name & Address of any Witnesses: _____

Have Police been notified? **YES/NO** Station: _____

Police Report No.: _____ Did Police attend? **YES/NO**

SCHEDULE OF LOSS

Please complete in full for LOSS or DAMAGE to Property.

Description of Property for which Loss is claimed	Original Date of Purchase	Original Cost	Value at Time of Loss	Amount Claimed

TOTAL AMOUNT OF CLAIM: \$ _____



Please attach any Documents available to substantiate your Claim.

Describe any action taken to reduce or recover your Loss _____

DECLARATION

I warrant the truth of the foregoing statement and particulars in every respect and that I have not withheld from the Company any material information in respect of this Loss.

Furthermore, I undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this Claim is subsequently recovered.

Dated at _____ this _____ day of _____ 20__

Signature of Authorised Club Officer: _____

Name of Authorised Club Officer: _____

Position held in Club: _____

Signature of Witness: _____

Address of Witness: _____

To facilitate settlement via EFT, please supply:

Bank BSB Number: _____

Account Number: _____

Account Name: _____