MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

CLAIM FORM

MOTOR VEHICLE REIMBURSEMENT OF EXCESS

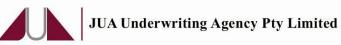
Completed Claim Form is to be returned to:

Lion Garry Galvin
LIONS Australia Insurance Program Consultant
Authorised Representative – AFSL 001239538
PO Box 6003, KINCUMBER NSW 2251

Phone: (02) 4369 8317 - Mobile: 0408 674 770 Email: insurance@lions.org.au

Lions Club of			District
ABN Number:	Secretary:		
Phone: (H)	(W)	(M)	
Email:			
Club Address:			
Name of Lion Making Claim:			
Address:			
Date of Loss:	Where did Loss take place?		
Details of Project at which vehicle was being used:			
Full details of how damage occurred:			

Is anyone to blame for this	Loss? YES / NO	
If YES, who?		
If anyone else was to blam including Excess:	e for the damage, describe step	s taken to recover Costs of Repairs
Details of Lion Member's v		
Make: Insured with:	Model:	Registration No:
modred with		
Policy Number:	Expiry Date:	Excess: \$
Details of Third Party: Nam	ne:	
Address:		
Vehicle Make:		Registration No:
Insured with:		
	Total amount o	f claim: Ś
Please attach the follo	wing documents to substa	
1. Copy of Repaire	r's Quote/Invoice	
2. Receipt for payr	nent of Excess.	
	<u>DECLARATION</u>	<u>N</u>
		d particulars in every respect and material information in respect
Furthermore, I underta	ke and agree to notify the (Company immediately if any
Dated at:	this	day of
Signature of Lion Mem	ber making Claim:	



LIO NS

CLUB CERTIFICATION

I certify that Lion	IS A MEMBER OF
THIS CLUB AND IS IN GOOD	STANDING and that he/she was using his/her motor Official Project of this Lions Club.
Signature:	Position in Club:
LIONS CLUB OF	
To facilitate settlement of Bank Account details as f	of this Claim by EFT transfer, please supply your follows:
BSB Number:	_Account Number:
Account Name:	