



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 blame for the damage, describe steps taken to recover Costs of Repairs including Excess:		
Details of Lion Member's vehicle:		
Make:	Model:	Registration No:
Insured with:		
Policy Number:	Expiry Date:	Excess: \$
Details of Third Party: Name:		
Address:		
Vehicle Make:	Registration No:	
Insured with:		

Total amount of claim: \$ _____

Please attach the following documents to substantiate your Claim:

- 1. Copy of Repairer's Quote/Invoice**
- 2. Receipt for payment of Excess.**

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 recovery is made.

Dated at: _____ this _____ day of _____

Signature of Lion Member making Claim: _____



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 vehicle as described on an Official Project of this Lions Club.

Signature: _____ Position in Club: _____

LIONS CLUB OF _____

To facilitate settlement of this Claim by EFT transfer, please supply your Bank Account details as follows:

BSB Number: _____ Account Number: _____

Account Name: _____