



MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

CLAIM FORM

MOTOR VEHICLE REIMBURSEMENT OF EXCESS

(District Governor &/or MD Management Team Use)

Completed Claim Form is to be returned to:

PDG R.N. (Bob) Korotcoff
Authorised Representative – AFSL 000278958
LIONS Australia Insurance Programme Consultant
14 Dover Court, DOVER GARDENS SA 5048
Telephone: 0418 831 426
Email: insurance@lions.org.au
Website: www.lionsclubs.org.au/insurance

District	Management Team:		
ABN Number:	Secretary:		
Phone: (H)	(W)	(M)	
Email:			
Address:			
Name of Lion Making Claim:			
Address:			
Date of Loss:	Where did Loss take place?		
Details of Project or Authorised Function 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: _____



DISTRICT/MD MANAGEMENT TEAM CERTIFICATION

I certify that _____
IS A MEMBER OF THE LIONS CLUB OF _____ AND
IS IN GOOD STANDING and that he/she was using his/her motor vehicle as
described on an Official Projector Authorised Function for District _____
or MD Management Team _____ (Delete whichever
does not apply)

Signature: _____ Position: _____

District _____ MD Management Team _____

(Delete whichever does not apply)

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

BSB Number: _____ **Account Number:** _____

Account Name: _____