



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:**

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

Lions Club of		District	
ABN Number		Is your Club registered for GST? YES/NO	
Club Address:		Post Code	
Secretary:			
Telephone:	(H)	Mobile:	
Email:			

Date of Loss:	
Where did Loss take place?	
Give details of how Loss occurred:	
Is anyone to blame for the Loss?	
If so, who?	
Name: _____	
Address: _____	
Phone: _____ Email: _____	
Witnesses:	
1.	
Name: _____	
Address: _____	
Phone: _____ Email: _____	
2.	
Name: _____	
Address: _____	
Phone: _____ Email: _____	
(Please use additional sheet if there additional witnesses)	
Have Police been notified? YES / NO	Station:
Did Police attend? YES / NO	Police Report Number:

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: _____