



CLAIM No.

MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

MONEY LOSS CLAIM FORM

Instructions to 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:	Secretary:	
Is your Club registered for GST? YES/NO	Email:	
Address:		
Date of Loss:	Where did Loss take place?	
Give full details of how Loss occurred:		
Is anyone to blame for this Loss? YES/NO	Is 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 of Money:

Description of Money for which Loss is claimed	Amount Claimed
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL AMOUNT OF CLAIM:	\$

Please attach any documents available to substantiate your claim, including how the loss was calculated.

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: _____

Position held in Club: _____

Signature of Witness: _____

Address of Witness: _____

To facilitate Settlement via EFT, please supply:

Your Bank BSB Number: _____

Account Number: _____

Name of Account: _____