

## MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.

## **CLAIM FORM**

## **MOTOR VEHICLE REIMBURSEMENT OF EXCESS**

**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: <a href="mailto:insurance@lions.org.au">insurance@lions.org.au</a>/insurance

Lions Club of				District
ABN Number:	Is Club registered For GST? YES / NO	Secretary:		
Phone: (H)	(W)		(M)	
Email:				
Club Address:				
Name of Lion Making Claim:				
Address:				
Date of Loss:	Where did Loss tak	e place?		
Details of Project at which vehicle was being used:				
Full details of how damage occurred:				

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Is anyone to blame for this Los	ss? YES / NO	
If YES, who?		
If anyone else was to blame fo	or the damage, describe ste	eps taken to recover Costs of Repairs
including Excess:		
Details of Lion Member's vehi		
Make: Insured with:	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	ng documents to subst	antiate your Claim:
1. Copy of Repairer's	Quote/Invoice	
2. Receipt for paymer	nt of Excess.	
	DECLARATIO	<u>on</u>
	= =	nd particulars in every respect and material information in respect
Furthermore, I undertake recovery is made.	and agree to notify the	e Company immediately if any
Dated at:	this	day of
Signature of Lion Member	r making Claim:	

ACN 004 566 465 ABN 70 004 566 465 AFSL 235411

## **LIONS CLUB CERTIFICATION**

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

Version: August 2019

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