

**CLAIM No.**

**MULTIPLE DISTRICT 201 of LIONS CLUBS INTERNATIONAL Inc.**

**CLAIM FORM**

**MOTOR VEHICLE REIMBURSEMENT OF EXCESS**

**(District Governor &/ MD Advisory Group Use**

**Return completed form to:**

PDG Peter Lamb  
Chairperson  
Lions Australia Insurance Program  
0447 711 162  
[insurance@lions.org.au](mailto:insurance@lions.org.au)  
[www.lionsclubs.org.au/insurance](http://www.lionsclubs.org.au/insurance)

**CLAIM DETAILS**

Advisory Group Member \_\_\_\_\_

ABN \_\_\_\_\_

Yes No

Contact Name \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile: \_\_\_\_\_

Address \_\_\_\_\_

Lion making claim

Name \_\_\_\_\_

Date of loss \_\_\_\_\_

Address \_\_\_\_\_

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 the loss? Yes No

If "yes", who is to blame for the loss?

Name

If "yes", describe steps taken to recover Costs of Repairs including Excess:

Lions member Vehicle Details

Make \_\_\_\_\_ Model \_\_\_\_\_ Reg No. \_\_\_\_\_

Insurer \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Excess (\$) \_\_\_\_\_

Details of Third party

Name \_\_\_\_\_ Address \_\_\_\_\_

Vehicle Make and Model \_\_\_\_\_ Reg No. \_\_\_\_\_

Insurer \_\_\_\_\_

Total amount of claim: \$ \_\_\_\_\_

Please also forward the following documents to substantiate your Claim:

**Copy of Repairer's Quote/Invoice****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

Signature of Lion Member making Claim: \_\_\_\_\_

**DISTRICT/MD ADVISORY GROUP 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 Project or Authorised Function for:*

*District**(select which applies)**MD Advisory Group*

*Signature:* \_\_\_\_\_ *Position:* \_\_\_\_\_

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

**BSB Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_