

**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 Peter Lamb**  
**Chairperson**  
**Lions Australia Insurance Program**  
**Telephone: 0447 711 162**  
**Email: [insurance@lions.org.au](mailto:insurance@lions.org.au)**  
**Website: [www.lionsclubs.org.au/insurance](http://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: _____
<u>Witnesses:</u>	
1. Name: _____	
Address: _____	
Phone: _____	Email: _____
2. Name: _____	
Address: _____	
Phone: _____	Email: _____
(Please use additional sheet if there additional witnesses)	
Have Police been notified? <b>YES / NO</b>	Station:
Did Police attend? <b>YES / NO</b>	Police Report Number:

# SCHEDULE OF LOSS

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**Please complete in full for LOSS or DAMAGE to Property.**

Description of Property for which Loss is claimed	Original Date of Purchase	Original Cost	Value at Time of Loss	Amount Claimed

**TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_**

**Please attach any Documents (receipts etc.) available to substantiate your Claim.**

What action has been 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:
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**