

MOTOR EXCESS REIMBURSEMENT CLAIM FORM

PARTICULARS OF INSURED						
Surname				First Name		
Residential Address						
				State		Postcode
Postal Address						
State		Postcode		Email		
Telephone Number	()			Date of Birth		
Delivery Date of Vehicle				Period of Lease	Months	

PARTICULARS OF CLAIM			
Vehicle Year			
Vehicle Make			
Vehicle Model			Rego No
Date of Loss		Claim No.	
Accident Description:			

LEASE DETAILS / EXCESS REIMBURSEMENT	
Excess Reimbursement Policy No.	
Lease Provider	
Start Date of Policy	
EFT Details – Name of Account	
BSB:	
A/C No.	

DECLARATION AND AUTHORISATION

I declare that the above statements are true and correct in every particular. I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy. I hereby authorise any persons and/or organisations that have employed me, to provide Prorisk details of my employment history. (I agree that a photocopy of this authorisation shall be considered as effective and valid as the original).

Name (Please Print)	
Signature	
Date	/ /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED.

All Questions on this form must be fully answered. You must advise us immediately if you gain employment after submitting this claim form. Return the completed claim form to newclaims@prorisk.com.au or mail to PO Box 542, East Melbourne, VIC, 8002