

VOLUNTEERS MOTOR - 'EXCESS REIMBURSEMENT' CLAIM FORM



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The following section must be completed by the Meals on Wheels Queensland's employee or volunteer whose vehicle has been damaged during a volunteering activity.

Please return this fully completed form and the proof of motor excess paid.

Name and Surname:	
Claimant Contact Details:	
- Address	
- Mobile/ Landline	
- Email Address	
Claimant Policy Details:	
- Motor Insurer Name	
- Policy expiry date	
- Policy Excess applicable	Amount being claimed: \$
Claimant Vehicle details:	

- Registration number	
- Vehicle Description	
Date of Accident:	
Description of the Accident:	
Claimant Bank Details:	<i>(for reimbursement purposes only):</i>
- Financial Institution (Bank Name)	
- Branch	
- Account Holder Name	
- BSB Number	
- Account Number	
Claimant Signature	Signed: Date:
The following section must be completed by an authorised representative of Meals on Wheels Queensland Member Services	
QBE Policy number:	A2A684254MVA
Member Service Details: <ul style="list-style-type: none"> - Business Name / Location - Contact Name - Contact Phone - Incident Report completed by 	