



Motor Vehicle Claim Form

0800 77 25 25
claims@smartpak.co.nz

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Crombie Lockwood (NZ) Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993. The collection of this information by Crombie Lockwood (NZ) Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Insured Name Include Trading Name:	Policy Reference Client/Claim Number:
Contact Person:	Contact Phone:
Email:	Fax:
Address:	
Preferred method of contact:	
Crombie Lockwood Branch you are insured through:	

DRIVER DETAILS

Drivers Name	Date of Birth:
Contact Details: (Phone/email)	Relationship to insured:
Address:	
License:	<input type="checkbox"/> Full <input type="checkbox"/> Restricted <input type="checkbox"/> Learner
License Number:	Classes:
Date & Country of issue:	Years Held:
Version Number:	
In the past 5 years has the driver had their licence endorsed, cancelled or suspended?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT DETAILS

1. Particulars of Vehicle:	Year:	Make:	Wof Exp:
	Model:	Reg. No:	Reg. Exp:
2. When did the accident occur:	Time:	Day of Week:	Date:
3. Where did the accident occur:	Street:	Town:	
4. What damage is there to the vehicle:			
5. For what purpose was the vehicle being used?			
6. What were the conditions at the time of the accident:			
7. Finance Details:			

If the answer is "Yes" for any questions (8 to 17) please supply full details.

8. Is there any other insurance on this vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
9. Has the vehicle been modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
10. Is the vehicle immobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
11. Where is the vehicle currently located?		
12. Had you (or the driver) taken any alcohol or drugs within 12 hours prior to the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
13. Have you (or the driver) had any traffic or criminal convictions in the last 7 years subject to the Criminal Records (Clean Slate) Act 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
14. Did you have any passengers in your car? (if driver on learner or restricted licence - provide licence details of front passenger)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
15. Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
16. Do you consider the accident to be the fault of any person other than yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
17. Did the other party admit liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:

18. State fully how the accident occurred: (If you'd like to draw a diagram please feel free to also send in with the claim form)

19. REPAIRER DETAILS

Please note assessment must be arranged and costs agreed by your Insurer before repairs can proceed

Name:	Telephone:
Address:	Repair Estimate: \$

THIRD PARTY DETAILS

The below section relates to any other third party property or vehicles. Please complete if applicable. Please do not admit liability to the third party as this may prejudice your claim. If the third party is insured they must approach their own insurer to lodge a claim. If you receive any correspondence from the Third Party please send it through to the claims team.

20. Supply details of the driver of the other vehicle:	Name:	Phone Day:
	Address:	Phone Night:
21. Supply details of the owner of the other vehicle or property:	Name:	Phone Day:
	Address:	Phone Night:

22. Details of the other vehicle:	Make:	Model:
	Reg. No:	Colour:
	Insurance Details:	
23. Damage to the other vehicle:		
24. Witness Details:	Name:	Phone Day:
	Address:	Phone Night:

FURTHER INFORMATION OR COMMENTS

DECLARATION

I declare that to the best of my knowledge the details given in this claim form are true.

I undertake to render all possible assistance in connection with this claim.

I agree that Crombie Lockwood (NZ) Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Note: Failure to provide correct and complete information could result on your claim not being accepted by the insurance company.

☐ **I have read and I understand the above Declaration** ☐ **I have read and I understand the above Declaration**

Name of Insured:
(person completing
this form)

Name of Driver:

Date:

Date:

DIRECT CREDIT DETAILS

Bank Branch Number	Account Number	Suffix
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Account Name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

CROMBIE LOCKWOOD CLAIMS CONTACT

Claim Handler:

Claims Team

Phone Number: 0800 75 25 25

Email:

Claims@smartpak.co.nz

