

Motor Vehicle Claim Form

claims@smartpak.co.nz
0800 77 25 25



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:

[Redacted]

Address:

[Redacted]

Preferred method
of contact:

[Redacted]

Crombie Lockwood
Branch you are
insured through:

[Redacted]

DRIVER DETAILS

Drivers name

Date of birth:

Contact details:
(phone/email)

Relationship to
insured:

Address:

[Redacted]

Licence:

Full Restricted Learner Licence number: Classes:

Date & country
of issue:

Years held:

Licence
Condition:

In the past 5 years has the driver had their licence endorsed, cancelled or suspended?

Yes No

ACCIDENT DETAILS

Year: Make: WOF exp:

1. Particulars of Vehicle:

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:

[Redacted]

5. For what purpose was the vehicle
being used?

[Redacted]

6. What were the conditions at the time
of the accident:

Fine	Light rain	Overcast	Sealed road	Wet road
Bright sun	Heavy rain	Fog	Gravel	

7. Finance Details:

[Redacted]

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

If yes - details:

8. Is there any other insurance on this vehicle?	Yes	No
9. Has the vehicle been modified in any way?	Yes	No
10. Is the vehicle immobile?	Yes	No
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?	Yes	No
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?	Yes	No
14. Did you have any passengers in your car? (if driver on learner or restricted licence - provide licence details of front passenger)	Yes	No
15. Did the Police attend the accident?	Yes	No
16. Have the Police laid or mentioned laying charges against you or the driver of your vehicle?	Yes	No
17. Do you consider the accident to be the fault of any person other than yourself?	Yes	No
18. Did the other party admit liability?	Yes	No

19. State fully how the accident occurred (please feel free to draw a diagram and send in with the claim form)

REPAIRER DETAILS

20. 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.

21. Supply details of the owner of the other vehicle or property

Name: _____ Phone day: _____

Address: _____ Phone night: _____

22. Supply details of the driver of the other vehicle (if applicable)

Name:

Phone day:

Address:

Phone night:

23. Details of the other vehicle

Make:

Model:

Colour:

Reg. no:

Insurance details:

24. Details of damage to the other vehicle or property:

25. 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

Signature of Insured:
(person completing
this form)

Signature of Driver:

Date:

Date:

DIRECT CREDIT DETAILS

Bank Branch Number Account Number Suffix

Account Name:

CLAIMS CONTACT

Claim Handler: Claims Team

Phone number: 0800 77 25 25

Email: claims@smartpak.co.nz