

MOTOR VEHICLE CLAIM FORM

This form collects personal information about you so we consider your claim and update your insurances. It will be held by Crombie Lockwood (NZ) Limited and the insurance company (and/or their agent) with whom you are insured. 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 and the insurance company (and/or their agent) with whom you are insured 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:		Contact Phone:	
Email:		Facsimile:	
Address:			
Drivers Name:		Date of Birth:	
Email:		Relationship to Insured:	
Address:			
Licence:	<input type="checkbox"/> Full <input type="checkbox"/> Restricted	Licence No:	
		Classes:	

ACCIDENT DETAILS

1. Particulars of vehicle:	Year:		Make:		WOF Exp.
	Model:		Reg.No.		Reg.Exp.
2. When did accident occur?	Time:	am/pm	Date:		
3. Where did accident occur?	Street:		Town:		
4. What is the damage to the vehicle?					
5. For what purpose was the vehicle being used?					
6. Finance Details:					

If the answer is "Yes" for questions 7 to 15 inclusive please supply full details.

7. Is there other insurance on this vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the vehicle been modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is vehicle immobile? Where is it located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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
11. Have you (or the driver) had any traffic or criminal convictions in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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
13. Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you consider the accident to be the fault of any person other than yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Did the other party admit liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Please state fully how the accident occurred:				
17. Repairer details:	Name		Telephone	
	Address		Repair Estimate (if known)	
The repairer must contact your insurer before repairs are started so that the damage can be assessed & the costs agreed.				
18. Supply details of the driver of the other vehicle:	Name & Address		Phone Day & Night	
19. Supply details of the owner of the other vehicle or property:	Name & Address		Phone Day & Night	
20. Details of the other vehicle:	Make & Reg.No.		Model & Colour	
21. Witness details:	Name & Address		Phone Day & Night	
DECLARATION				
<p>I declare that to the best of my knowledge the details given in this claim form are true.</p> <p>I undertake to render all possible assistance in connection with this claim.</p> <p>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.</p> <p>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 on the ICR.)</p>				
All Information supplied by _____ to _____ by phone on the _____				
Signed: Insured		Signed: Driver		
Date:		Date:		

**Crombie Lockwood Claims Team, Private Bag 11007, Palmerston North
claimsteam@crombielockwood.co.nz**

Please complete only if requested:

<p>I of (Address)</p> <p>(occupation) solemnly and sincerely declare that all the information set out above is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.</p> <p>Signed:</p> <p>Declared at this day of Before me: Justice of the Peace / Solicitor of the High Court of New Zealand /Person authorised to take Statutory Declarations</p>
