



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: _____ Policy Reference: _____
 Include Trading Name: _____ 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: Full Restricted 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? Yes 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: |

