

# Property Claim Form

0800 252 461

Claims.team@crombielockwood.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

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

## LOSS DETAILS

1. When did the loss occur?	Time: _____	Date: _____
2. Where did the loss occur?	Street: _____	Town: _____
3. What happened and how did it occur?		

If the answer is "Yes" for any questions below (4 to 8) please supply full details.

4. Does someone other than you own any of the damaged property/assets? If Yes - details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you know who was responsible for the loss? If Yes - details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is there finance on any of the property claimed for? If Yes - details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Were the police notified? If Yes - provide police file number & details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there other insurance on this property? If Yes - details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



