

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

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 in your claim not being accepted by the insurance company.

I have read and I understand the above Declaration

Signature of Insured
(person completing this form)

Date:

DIRECT CREDIT DETAILS

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

Account Name:

CROMBIE LOCKWOOD CLAIMS CONTACT

Claim Handler: _____ Phone Number: _____

Email: _____

SUPPORTING DOCUMENT CHECKLIST (PLEASE INCLUDE THE FOLLOWING ATTACHMENTS WHERE AVAILABLE)

- | | |
|--|---|
| <input type="checkbox"/> Proof of ownership where lost or stolen items being claimed - e.g photos, receipts, manuals or asset register etc | <input type="checkbox"/> The police file number or copy of the police acknowledgement if applicable |
| <input type="checkbox"/> Photos of item(s) if damaged | <input type="checkbox"/> Written quotes to repair or replace the item(s) |
| <input type="checkbox"/> A report on damage sustained, confirming if is repairable and the cause if applicable | |