

Motor Vehicle 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

Insured name: _____ Date of birth: _____

Contact person: _____
If Trust, Company or Body Corporate

Email: _____ Contact's phone number: _____

Address: _____

Policy reference client number: _____

Preferred method of contact: _____

Crombie Lockwood Branch you are insured through: _____

DRIVER DETAILS

Drivers name: _____ Driver's date of birth: _____

Contact details: _____ Relationship to
(Phone/email) insured: _____

Address: _____

Licence type: Full Restricted Learner Licence number: _____ Classes: _____

Date & Country of issue: _____ Expiry date: _____ 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: Fine Light rain Overcast Sealed road Wet road
 Bright Sun Heavy rain Fog Gravel

7. Finance Details: _____

If you answer "Yes" for any question (8 to 17) please give 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 anyone get hurt in the accident? Yes No

16. Did the Police attend the accident? Yes No

17. Have the Police laid or mentioned laying charges against you or the driver of your vehicle? Yes No

18. Do you consider the accident to be the fault of any person other than yourself? Yes No

19. Did the other party admit liability? Yes No

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

REPAIRER DETAILS

21. 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.

22. Supply details of the driver of the other vehicle

Name: _____ Phone day: _____
Address: _____ Phone night: _____

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

Name: _____ Phone day: _____

Address: _____ Phone night: _____

23. Details of the other vehicle

Make: _____ Model: _____ Colour: _____ Reg. No: _____

Insurance Details: _____

24. Damage to the other vehicle:

25. Witness details

Name: _____ Phone day: _____

Address: _____ Phone night: _____

FURTHER INFORMATION OR COMMENTS

Empty box for 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 I have read and I understand the above Declaration

Signature of Insured: _____ Signature of Driver: _____
(person completing this form)

Date: _____ Date: _____

DIRECT CREDIT DETAILS

Bank Branch Number Account Number Suffix

Account Name: _____

CROMBIE LOCKWOOD CLAIMS CONTACT

Claim Handler: **Claims Team** Phone Number: **0800 252 461**

Email: claims.team@crombielockwood.co.nz