Liability claim form

claims.team@crombielockwood.co.nz
0800 252 461

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 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:

Contact person: Phone:

Email:

Address:

Preferred method of contact:

Crombie Lockwood branch you are insured through:

POLICY DETAILS

Policy type:

Public liability ☐	Employers liability ☐	Statutory liability ☐	Employment disputes ☐	Consequential loss ☐
Professional liability ☐	Directors & Officers ☐	Associations liability ☐	Trustees Liability ☐	Other ☐

Policy number: Limit of indemnity: Excess:

THIRD PARTY DETAILS

Claimant name:

Does the claimant have a direct or indirect financial interest in you? Yes ☐ No ☐

Is the claimant related to you in any other way? Yes ☐ No ☐

If you answered yes to either of the above questions, please provide details:

RELEVENT DATES

Date of accident/ possible error occurred giving rise to complaint, claim or possible claim:

Date of complaint, claim or intimation of claim first made:

Date the insured first became aware of complaint, claim or possible claim:

PAST LOSSES AND CURRENT CLAIMS

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of Loss	Description, include make & model	Amount paid	Amount outstanding

NATURE OF CLAIM OR CIRCUMSTANCE

Please explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and /or documentation.
- Please refrain from offering any view about fault, blame or liability.

QUANTUM AT ISSUE

Amount of claim or estimate of claimant's alleged loss:

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 ☐☐☐

Account Name:

CLAIMS CONTACT

Claim handler: Claims Team Phone number: 0800 252 461

Email: claims.team@crombielockwood.co.nz

Return to: Crombie Lockwood Claims Team, Private Bag 11007, Palmerston North 4442
claims.team@crombielockwood.co.nz