

# Property Claim Form

claims@smartpak.co.nz  
0800 77 25 25

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:	_____		
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?		
<div style="border: 2px solid #92d050; height: 80px;"></div>		

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

If yes - details

4. Does someone other than you own any of the damaged property/assets?	Yes	No
5. Do you know who was responsible for the loss?	Yes	No
6. Is there finance on any of the property claimed for?	Yes	No
<i>Please include police file number and details</i>		
7. Were the police notified?	Yes	No
8. Is there any other insurance on this property?	Yes	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 on your claim not being accepted by the insurance company.

**I have read and I understand the above Declaration**

Name of Insured:  
(person completing this form)

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Date:

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## DIRECT CREDIT DETAILS

Bank	Branch Number	Account Number	Suffix
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Account Name:

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## CLAIMS CONTACT

Claims handler: Claims Team Phone number: 0800 77 25 25

Email: claims@smartpak.co.nz