



# Motor Vehicle Claim Form

0800 77 25 25  
claims@smartpak.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 Policy Reference  
 Include Trading Name: \_\_\_\_\_ Client/Claim Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Crombie Lockwood Branch you are insured through: \_\_\_\_\_

## DRIVER DETAILS

Drivers Name Date of Birth:  
 \_\_\_\_\_

Contact Details: Relationship to  
 (Phone/email) \_\_\_\_\_ insured: \_\_\_\_\_

Address: \_\_\_\_\_

License:  Full  Restricted  Learner License Number: \_\_\_\_\_ Classes: \_\_\_\_\_

Date & Country of issue: \_\_\_\_\_ 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 Bright Sun	Light Rain Heavy Rain	Overcast Fog
	Sealed Road Gravel	Wet Road	
7. Finance Details:	_____		

If the answer is "Yes" for any questions (8 to 17) please supply full details.

8. Is there any other insurance on this vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
9. Has the vehicle been modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
10. Is the vehicle immobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
14. Did you have any passengers in your car? (if driver on learner or restricted licence - provide licence details of front passenger)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
15. Did the Police attend the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
16. Do you consider the accident to be the fault of any person other than yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:
17. Did the other party admit liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - details:

18. State fully how the accident occurred: (If you'd like to draw a diagram please feel free to also send in with the claim form)

## 19. REPAIRER DETAILS

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.

20. Supply details of the driver of the other vehicle:	Name:	Phone Day:
	Address:	Phone Night:
21. Supply details of the owner of the other vehicle or property:	Name:	Phone Day:
	Address:	Phone Night:

