



Property 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

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? Yes No
If Yes - details: _____

5. Do you know who was responsible for the loss? Yes No
If Yes - details: _____

6. Is there finance on any of the property claimed for? Yes No
If Yes - details: _____

7. Were the police notified? Yes No
If Yes - provide police file number & details: _____

8. Is there other insurance on this property? Yes No
If Yes - details: _____

LOSS SCHEDULE

Your Insurer will require proof of ownership e.g photos, receipts, manuals etc.

If the item is damaged they will require a damage report confirming if it is repairable and the cause of the damage.

Please also include a replacement quote to repair/replace

Description, include make & model	Purchased New?		Present Purchase Price	Age of Item	Where purchased?	Repairable?	
	Yes	No				Yes	No
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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) _____

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: _____

Save a Copy

Submit by Email

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