



Theft of Vehicle / Accessories Claim Form

0800 77 25 25
claims@smartpak.co.nz

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 handles 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 _____ Contact Phone: _____

Email: _____ Fax: _____

Address: _____

Finance Details: _____

LOSS DETAILS

1. Particulars of Vehicle: Year: _____ Make: _____ Wof Exp: _____
Model: _____ Reg. No: _____ Reg. Exp: _____

2. When stolen: Time: _____ am/pm Date: _____

3. Has vehicle / accessories been recovered? Yes No Where: _____ By Whom: _____

4. Is the vehicle mobile? If "No" state where it is: Yes No Where: _____

5. What damage is there to the vehicle:
(see Q27 for accessories)

6. Has the vehicle; or its engine been modified since manufacture? If "Yes" give details: Yes No

7. Details or existing defects or damage: Engine: _____ Interior: _____
Body work: _____ Tyres: _____

8. Who usually services your vehicle: Name: _____ Phone: _____
Date last serviced: _____

9. Who parked the vehicle prior to the theft: Name: _____ Date of Birth: _____
Address: _____ Phone: _____

10. Where was the vehicle parked? Address: _____
 Garage/Carport Parking Area Driveway Roadside Other _____

11. Why was the vehicle left there: _____

12. When did you last see the vehicle: Time: _____ am/pm Date: _____

13. When did you know the theft had occurred: Time: _____ am/pm Date: _____

14. Was the vehicle fully locked and secure If "No" give details: Yes No

15. How many sets of keys were there for the vehicle 1 2 3 4 5 or more, please give exact number: _____

16. Where were each set of keys when the theft occurred _____

18. Was the loss reported to the Police Yes Police Station: _____ When Reported: _____
 No By Whom: _____ Police File no: _____

If the answer is "Yes" for any questions (18 to 26) please supply full details.

18. Have you any idea whom the offender was? Yes No

19. Is there any other insurance on the vehicle or accessories? Yes No

20. Are you behind in your Finance / Hire Purchase payments? Yes No

21. Have you any indication how entry was gained? Yes No

22. Since owning this vehicle have you had it insured with any other insurance company Yes No

23. Have you been trying to sell the vehicle or accessories Yes No

24. Have you had any motor vehicle accidents or losses in the last 5 years Yes No

25. Have you had any traffic of criminal convictions in the last 5 years Yes No

26. Have you any other information relevant to this claim Yes No

27. Stolen Vehicle Accessories

Item	Make & Model	Serial No.	Purchased From	Age	Present Purchase Price

Please attach receipts, guarantees or other documents which support ownership or value, as well as any quotation that may support your claim.

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: