Theft of Vehicle / Accessories Claim Form

0800 252 461

Claims.team@crombielockwood.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) Ltd 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	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 Data'lla an aniatha an dafa da an dagaana	Engine: Interior:						
7. Details or existing defects or damage:	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/C	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	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 Pol	lice Station:	When Reported:				
	No By	Whom:	Police File no:				

If the answer is "Yes" for	any questions (18 to 26) plea	se supply full	details.				
18. Have you any idea	whom the offender was?	Yes	No				
19. Is there any other in or accessories?	nsurance on the vehicle	Yes	No				
20. Are you behind in y Purchase payment		Yes	No				
21. Have you any indic gained?	ation how entry was	Yes	No				
22. Since owning this vinsured with any ot	vehicle have you had it her insurance company	Yes	No				
23. Have you been trying accessories	ng to sell the vehicle or	Yes	No				
24. Have you had any or losses in the las	motor vehicle accidents t 5 years	Yes	No				
25. Have you had any convictions in the la		Yes	No				
26. Have you any other this claim	r information relevant to	Yes	No				
STOLEN VEHI	CLE ACCESSORIE	S					
Please list details of th	ne items below:						
Item	Make & Model	Serial No.		Purchased	From	Age	Present Purchase Price
Please attach receints or	uarantees or other document	s which suppo	ort ownership o	rvalue as wel	ll as any quots	ation that may support your	claim
riease attach receipts, gi	darantees of other document	s willeri suppe	ort ownership o	value, as wel	ir as arry quote	tion that may support your	ciairi.
FURTHER INFO	ORMATION OR CO	MMENT	S				
TOTTTLETTINI	OTIMATION OTFOC						

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:
CROMBIE LOCKWOOD CLAIMS CONTACT
Claim Handler: Phone Number:
Email:

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