

## CLAIM FORM

Return to: SMARTpak Claims Team  
claims@smartpak.co.nz  
PO Box 496, Wellington 6140

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This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Arthur J. Gallagher & Co (NZ) Limited (Gallagher) 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 2020. The collection of this information by Gallagher 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 (include trading name):

Contact person:

Email:

Contact's phone number:

Address:

### Client number on policy:

Preferred method of contact:  Phone  Email  Post  No preferred method

Gallagher branch you are insured through:

### DRIVER'S DETAILS

Driver's name:

Driver's date of birth:

Contact details:  
(Phone/email)

Relationship to insured:

Address:

Licence number:

Licence type:  Full  Restricted  Learner Classes:

Country of issue:

Date of issue:

Expiry date:

Version number:

In the past five years has the driver had their licence endorsed, cancelled or suspended?  Yes  No

### ACCIDENT DETAILS

1. Description of vehicle:	Year:	Make:	WOF Exp:		
	Model:	Reg. No:	Reg. Exp:		
2. When did the accident occur?	Date:	Time:	Day of week:		
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?	<input type="checkbox"/> Fine	<input type="checkbox"/> Light rain	<input type="checkbox"/> Overcast	<input type="checkbox"/> Sealed road	<input type="checkbox"/> Wet road
	<input type="checkbox"/> Bright sun	<input type="checkbox"/> Heavy rain	<input type="checkbox"/> Fog	<input type="checkbox"/> Gravel	
7. Finance details (if applicable):					

**ACCIDENT DETAILS (continued)**

If you answer "Yes" for any question (8 to 19) please give full details

8. Is there any other insurance on this vehicle?  No  Yes If yes, details: \_\_\_\_\_

9. Has the vehicle been modified in any way?  No  Yes If yes, details: \_\_\_\_\_

10. Is the vehicle immobile?  No  Yes 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?  No  Yes If yes, details: \_\_\_\_\_

13. Have you (or the driver) had any traffic or criminal convictions in the last seven years subject to the Criminal Records (Clean Slate) Act 2007?  No  Yes If yes, details: \_\_\_\_\_

14. Did you have any passengers in your car? (if driver is on learner or restricted licence – provide licence details of front passenger)  No  Yes If yes, details: \_\_\_\_\_

15. Did anyone get hurt in the accident?  No  Yes If yes, details: \_\_\_\_\_

16. Did the Police attend the accident?  No  Yes If yes, details: \_\_\_\_\_

17. Have the Police laid or mentioned laying charges against you or the driver of your vehicle?  No  Yes If yes, details: \_\_\_\_\_

18. Do you consider the accident to be the fault of any person other than yourself?  No  Yes If yes, details: \_\_\_\_\_

19. Did the other party admit liability?  No  Yes If yes, details: \_\_\_\_\_

20. State fully how the accident occurred (please feel free to draw a diagram and also send in with the claim form):

**REPAIRER DETAILS**

21. Please note assessment must be arranged and costs agreed by your insurer before repairs can proceed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Repair estimate: \$ \_\_\_\_\_

**Need help?**

Contact the SMARTpak Claims team on 0800 77 25 25 or [claims@smartpak.co.nz](mailto:claims@smartpak.co.nz)

**THIRD PARTY DETAILS**

The section below 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.

22. Supply details of the driver of the other vehicle	Name:	Phone:
	Address:	
23. Supply details of the owner of the other vehicle or property:	Name:	Phone:
	Address:	
24. Details of the other vehicle:	Make:	Model:
	Reg. No:	Colour:
	Insurance details:	
25. Damage to the other vehicle:		
26. Witness details:	Name:	Phone:
	Address:	

**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 Arthur J. Gallagher & Co (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 The Insurance Claims Register Ltd (ICR) details of information relevant to this claim. (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 insurer.

<b>INSURED:</b> <input type="checkbox"/> <b>I have read and I understand the above Declaration</b> Signature of insured: (person completing this form) Date:	<b>DRIVER:</b> <input type="checkbox"/> <b>I have read and I understand the above Declaration</b> Signature of driver: Date:
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**DIRECT CREDIT DETAILS**

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account name:			

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