

CLAIM FORM

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

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:

Contact person:

Email:

Contact's phone number:

Address:

Client number on policy:

Gallagher branch you are insured through:

Preferred method of contact: Phone Email Post No preferred method

LOSS DETAILS

1. When did the loss occur? Day: Date: Time:

2. Where did the loss occur: Street: Town:

3. What happened and how did it occur?

If you answer "Yes" for any question (4 to 8) please give full details

4. Does someone other than you own any of the damaged property or assets? No Yes If yes, details:

5. Is there any other insurance on this property? No Yes If yes, details:

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

7. Were the police notified? No Yes If yes, details:

Police file number:

8. Do you know who was responsible for the loss? No Yes If yes, details:

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.

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
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Account name:

SUPPORTING DOCUMENT CHECKLIST

Please include the following attachments if applicable:

- | | |
|--|---|
| <input type="checkbox"/> Proof of ownership for lost or stolen items being claimed e.g. photos, receipts, manuals or asset register etc. | <input type="checkbox"/> The police file number or copy of the police acknowledgement |
| <input type="checkbox"/> Photos of item(s) if damaged | <input type="checkbox"/> Written quotes to repair or replace the item(s) |
| <input type="checkbox"/> A report on damage sustained, confirming if is repairable and the cause if applicable | |

Need help?

Contact the SMARTpak Claims team on 0800 77 25 25 or claims@smartpak.co.nz