

# Theft of vehicle or accessories

## 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

### VEHICLE AND ACCESSORY DETAILS

1. Particulars of vehicle:	Year:	Make:	WOF Exp:
	Model:	Reg. No:	Reg. Exp:
	Finance details (if any):		
2. Has the vehicle or its engine been modified since manufacture?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	<b>If yes, give details:</b>		
3. Details of existing defects or damage:	Engine:	Interior:	
	Body work	Tyres:	
4. Who usually services your vehicle?	Name:	Phone:	
	Date last serviced:		
5. When stolen:	Day:	Date:	Time:
6. Has the vehicle / accessories been recovered:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>If yes, where:</b>
	By whom:		
7. Is the vehicle mobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If no, state where it is:</b>
8. What damage is there to the vehicle?			
9. Who parked the vehicle prior to the theft:	Name:	Date of birth:	
	Address:	Phone:	
10. Where was the vehicle parked:	<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Parking area	<input type="checkbox"/> Driveway <input type="checkbox"/> Roadside <input type="checkbox"/> Other
	Address:		
11. Why was the vehicle left there:			
12. When did you last see the vehicle:	Time:	Date:	



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

## DIRECT CREDIT DETAILS

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

Account name:

### Need help?

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