

MOTOR VEHICLE CLAIMS

How to lodge a claim with us

Unit 4B, Moorhouse City

166 Moorhouse Ave

P O Box 3086, Christchurch 8140

☎ + 64 3 366 7536

☎ + 64 3 379 5395

Immediately contact our team at Abbott Insurance Brokers on 03-366-7536 and notify them of the accident.

Book the vehicle in for repairs with a panel beater if your choice, and confirm the date the vehicle will be at the repairers with Abbott Insurance Brokers. If the vehicle is not drivable confirm its current location or the towing firm responsible for moving the vehicle. A loss adjuster will be appointed to view the damage.

Complete a motor vehicle claim form and return it by fax to 03-379-5395 or email to sara@abbott.co.nz. If required, blank claim forms are available on our company website www.abbottgroup.co.nz.

Your claim can only be considered for acceptance once the completed claim form has been returned. Once accepted the loss adjuster will be in a position to authorise and monitor repairs. In an instance where no damage is caused to your vehicle, please ensure that you include the details of the other party involved in the accident so we can communicate with them or their insurer.

If any correspondence is received from the other party involved in the accident, or their insurer, please immediately forward the documentation to Abbott Insurance Brokers by fax on 03-379-5395 or mail to P O Box 3086, Christchurch.

Once repairs are completed the repairer will ask for payment of the excess, if applicable. Only pay the excess if you are satisfied with the repair.

Please note that this information is provided as a guide only and is not intended to replace any information that your broker may provide you with directly.

The Other Driver and Vehicle Important information to get

Owners name _____
 Drivers name _____
 Address _____
 Owners telephone number _____
 Home _____
 Work _____
 Mobile _____
 Make of car _____
 Model and Year _____
 Registration number _____
 Drivers License number _____
 Licence expiry date _____
 Insurance company _____
 Policy number _____
 Reported to police _____
 Name of Officer _____
 Location _____
 Witness _____
 Name and address of any independent witnesses _____