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| **Step One: Person Taking the Call** | | | | | |
| Date: | [enter date] | Brokerage Firm: | [Broker co name] | Entered by: | [Broker staff member] |

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| **Step Two: Insured Details** | | | | | | | | | | | | | | | | | | | | |
| Surname: | [Enter surname] | | | | | | | First Name: | | | | | [Enter first name(s)] | | | | | | | |
| Street Address: | [Street number and name] | | | | | | | | | | | | | | | | | | | |
| Suburb/Rural Area: | [Suburb/R.D.] | | | | | | | Town/City: | | | | | [City/Town] | | | | | | | |
| Home Phone: | [Area code and number] | | | | | | | Work Phone: | | | | | [Area code and number] | | | | | | | |
| Mobile: | [Area code and number] | | | | | | | Email: | | | | | [email address] | | | | | | | |
| Bank Account No: | Bank | |  | Branch | | | |  | Account Number | | | | | | | |  | Suffix | | |
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| **Step Three: Policy Details** | | | | |
| Policy number: | [NZI policy no] | Policy wording: | [Applicable wording] | |
| Name on Policy: | [Name as it appears on policy document] | | | |
| Excess applicable: | $ | | Premiums: | Paid  Unpaid |

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| **Step Four: Affirmation Record (mandatory if no claim form to be completed)** | | | | |
| The following statement has been read to the Insured: | Yes |  | No |  |
| “Before I complete your claim, I need you to agree two things:   1. Some details of your claim will be held on the Insurance Claims Register in Wellington. Please be aware that other insurance companies have access to this information 2. As part of your claim, we can give information to or get information from others about your claim.   Please answer all our questions honestly. If you are not completely honest, then your claim may not be paid and your policy could be affected.  Do you understand and agree, and are you happy for me to go ahead?” | | | | |

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| **Step Five: Glass Claim details** | | | | | |
| Date of Loss: | [enter date] | | | Time of loss: | [Time] |
| Location of Incident: | [enter address of incident including street, business name if in carpark, and town/city] | | | | |
| Description of Incident: | [Details of what happened] | | | | |
| Repairer: | [if no repairer yet, Claims to send referral to Master Glaziers] | | | | |
| Repairer paid? | Yes | No | (if ‘yes’, attach invoice) | | |

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| **Details of Third Party (if applicable):***If at fault – NZI claims handler to send letter holding third party liable.* | | | |
| Name: | [Name] | Registration No: | [Rego if TP car involved] |
| Type of vehicle: | [Make and model of TP car if involved] | Insurer: | [TP insurer] |
| Address: | [TP address] | Phone No: | [TP phone no] |

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| **Any Additional Comments/Information:** |
| [Any further information not covered by fields above] |