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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: Contact 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:*(for cost reimbursement)* | 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: Insured Details**  |
| Have you ever been refused insurance or had a policy cancelled or not renewed? | Yes [ ]  | No [ ]  |
| In the past 7 years, have you been convicted of a criminal offence? | Yes [ ]  | No [ ]  |
| *If answered ‘yes’, please provide details:* [Enter details if applicable] |  |  |

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| **Step Six: General Claim Details**  |
| Date of Loss: | [enter date] | Time of loss: | [Time] |
| Description of Event: | [Details of what happened] |
| Description of Item: | [Make and model of item] |
| Any witnesses? | Yes [ ]  [details] | No | [ ]  |
| Have you done anything to reduce or recover the loss or damage? | Yes | [ ]  | No | [ ]  |
| If yes, please give details [here] |

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| **For Burglary, Theft, Unexplained Loss or Intentional Damage Claims Only** |
| Have the Police been advised?  | Yes | [ ]  | No | [ ]  |
| If Police advised, their reference number: [Police reference no] |
| Did the premises have a burglar alarm? If yes, was it on at the time of loss? | Yes | [ ]  | No | [ ]  |

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| **Step Seven: Remainder of Claim** |
| Date Purchased/Age: | [Date item purchased] | Hire Purchase: | Yes | [ ]  | No | [ ]  |
| Property Tenanted: | Yes | [ ]  | No | [ ]  | Insd confirms ownership: | Yes | [ ]  | No | [ ]  |
| Police File: | Yes | [ ]  | No | [ ]  | Quote/Estimate: | $      |
| Who do you consider responsible? | [Name of person responsible] |
| Excess: | Standard:       | Imposed:       | Voluntary:       | Total excess: | $0.00 |

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| **Any Additional Comments/Information:** |
| [Any additional details not captured in fields above] |