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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 Six: General Claim Details** | | | | | |
| Date of Loss: | [enter date] | Time of loss: | | [Time] |
| Description of Incident: | [Details of what happened] | | | | |
| Description of Item: | [Description of glasses] | | | | |
| Date Purchased/Age: | [Date item purchased from optometrist] | | | | |
| Repairable? | Yes  [enter details of damage, also attach repair quote] | | | | |
|  | No   * *If not repairable, provide replacement like-for-like quote for NZI Claims’ approval. A purchase order will be sent once quote approved.* * *NZI Claims can send immediate request for like-for-like replacement (without need for written quote) to our preferred suppliers Visique, OPSM, Specsavers and Sunglass Hut.* | | | | |
| Optometrist details:  (if not NZI preferred) | [insert name and address] | | Contact no: [Area code and number] | | |

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