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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: Storm Claim details** | | | |
| Date of Loss: | [Enter date] | Time of loss: | [Enter time] |
| Location of loss (if differs from above): | [enter address of incident including street, business name if in carpark, and town/city] | | |
| What damage has your property sustained? | [Enter all known details of damage incurred as a result of the storm event] | | |
| What are your immediate needs? | [Enter immediate needs of the customer] | | |
| Have you taken any immediate steps to remedy your situation? | [Note anything the customer has done to prevent any further damage] | | |
| Are you still able to live in the property? If no, what is your present situation? | [If not liveable, details why - e.g. roof blown off house] | | |

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| **Step Six: Notes** |
| [All/any further detail not captured in fields above] |

**The below will assist you in explaining to client’s what they can expect to happen next.**

Please mark any e-mails as ‘URGENT’ (where immediate assistance is required). IAG’s priority rating is 1-3 below, which can help convey timeframes to clients.

1. Urgent visit required - i.e. uninhabitable home, large structural damage, or large commercial loss.
2. Moderate – contact within 24 hours if moderate damage, however loss adjuster visit will be in a “couple of days”.
3. Non-Urgent – “can wait” minor damage or can refer directly to builder.