

PROPERTY ELECTRONIC CLAIMS ADVICE

STEP 1: PERSON TAKING THE CALL

Date: _____ Entered by: _____

STEP 2: THE INSURED

Surname: _____ First name: _____

Street address: _____ Suburb/Rural area: _____

Town/City: _____ Town/City (if other): _____

Home phone: _____ Work phone: _____

Mobile: _____ Email: _____

Bank Account No: Bank Branch Account Number Suffix

STEP 3: POLICY DETAILS

Cover No: _____ Cover type: _____ Branch: _____

Name on Policy: _____ Premiums: Paid Unpaid

Policy Excess: _____

STEP 4: 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?"

STEP 5: INSURED DETAILS

Have you ever been refused vehicle 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:

STEP 6: GENERAL CLAIM DETAILS

Date of loss: _____ Time of loss: _____

Where did the loss occur? _____

Description of incident:

Description of item:

Any witnesses? Yes No

If answered 'yes', please give details: _____

Have you done anything to reduce or recover the loss or damage? Yes No

If answered 'yes', please give details: _____

For Burglary, Theft, Unexplained Loss or Intentional Damage Claims Only

Have the Police been advised? Yes No If Police advised, their reference number: _____

Did the premises have a burglar alarm? Yes No

If 'yes', was it on at the time of loss? Yes No

STEP 7: REMAINDER OF CLAIM

Date Purchased/Age: _____ Hire Purchase Yes No

Property Tenanted Yes No Insd confirms ownership Yes No

Police File Yes No Quote/Estimate: _____

Who do you consider responsible? _____

Excess: Standard: _____ Imposed: _____ Voluntary: _____ Total excess: _____

STEP 8: ANY ADDITIONAL COMMENTS/INFORMATION

MANAGED BY



NZI, A BUSINESS DIVISION OF IAG NEW ZEALAND LIMITED