

# Glass Breakage Electronic Claims Advice



Broker use only

## Step 1: Person taking the call

Date: \_\_\_\_\_ Brokerage firm: \_\_\_\_\_ Entered by: \_\_\_\_\_

## Step 2: The insured

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb/Rural area: \_\_\_\_\_ Town/City: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Account No:

## Step 3: Policy details

Policy number: \_\_\_\_\_ Policy wording: \_\_\_\_\_

Name on Policy: \_\_\_\_\_

Excess applicable: \$ \_\_\_\_\_ Premiums: Paid  Unpaid

## 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 can complete your claim, we will need you to understand and agree:

- ▶ Some details of your claim will be held on the Insurance Claims Register, an external database where insurers can access claims information.
- ▶ The information you have provided about your claim will be given to NZI. NZI can give information to, or get information from, others about you or your claim.
- ▶ If you give us information about someone else, you have their authority to disclose it.
- ▶ All personal information will be collected, used, stored and disclosed in accordance with NZI's privacy policy, which is available on NZI's website.
- ▶ Please answer all questions honestly. If you don't, your claim may not be paid, and your policy could be affected.

Do you understand and agree?"

## Step 5: Glass claim details

Date of loss: \_\_\_\_\_ Time of loss: \_\_\_\_\_ Location of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repairer: (if no repairer yet, Claims to send referral to Master Glaziers) \_\_\_\_\_

Repairer paid? Yes  No  If 'yes', attach invoice.

**Details of Third Party (if applicable): If at fault – NZI claims handler to send letter holding third party liable.**

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ Insurer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Any additional comments/information:**

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We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at [www.icnz.org.nz](http://www.icnz.org.nz)

