

AUDIT REPORT

Date: 24th March 2021	Lead Source: BDM
Adviser: Brayan Ward	Policy Holder: test
Caller Name: Admin Account	Caller Email Address: admin@mail.com

1. I understand you recently took out a policy with (fidelity, partners, aia) from one of our advisers Is that correct?

- No

2. Was the adviser by him / herself?

- No

3. How would you describe the adviser's standard of service on a scale of 1-10? (10 is the highest)

- 8

4. As you are aware, non disclosure can lead to non payment of claim. To make sure the correct underwriting takes place , we have noted your current pre-existing medical conditions are ____ and _____. Is there anything else apart from this not stated?

- Not Sure - Refer to Notes

5. We have received authority for all future payments to be direct debited from your bank account? Is this correct?

- Yes

6. Did you take this policy to replace any other policy?

- Yes

7. We have your occupation recorded as _____ - is that correct?

- No - Refer to Notes

8. What is your understanding of the benefits of the policy?

- Asdf

9. It specified in the authority to proceed that a copy of the disclosure statement was given to you and your insurance planner and or plan/copy of your LAT was e mailed to e mail address John@eliteinsure.co.nz . Did you received them?

N/A

10. Do you have any further comments?

- Asdf

11. If replacement(were the risks of replacing this insurance policy explained to you?

- Yes

12. Remedial Action Taken Or Proposed:

- Yes

Notes:

- Asdf