

- Yes

## **AUDIT REPORT**

Date: 4th March 2022	Lead Source: Self-generated			
Adviser: Idell Cummerata	Policy Holder: testing			
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?				
- Yes				
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)				
- 9				
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				
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	t correct?			
- Yes				
8. What is your understanding of the benefits of the policy?				
N/A				
9. It specified in the authority to proceed that a copy of the and or plan/copy of your LAT was e mailed to e mail address	disclosure statement was given to you and your insurance planner ss John@eliteinsureco.nz . Did you received them?			
- Yes				
10. Do you have any further comments?				

11. If replacement( were the risks of replacing this ins page dolidy explained to you?

12. Remedial Action Taken Or Proposed:		
- Yes		
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Notes:		

- N/a

- Testtimh