



Contractors Plant & Equipment Insurance

CLAIM FORM

FOR YOUR INFORMATION

1. Please complete all relevant sections of this form and send to claimsnoticenewzealand@bhspecialty.com citing the name of the Insured and the Policy Number in the subject line.
2. Please also attach any supplementary documents to this form.

Policy Number: _____

DETAILS OF OUR INSURED

Name of Insured: _____

Insured Contact Person: _____

Address: _____ Postcode: _____

Mobile Number: _____ Work Phone Number: _____

Email Address: _____

INSURED MACHINE

Make & Model: _____ Year: _____ Colour: _____

Registration Number: _____ Serial Number: _____

Engine Number: _____ Carrying Capacity: _____

Is this a Hired in Machine? Yes No

DAMAGED TO INSURED MACHINE

What is the extent of damage to your Machine?

Where can it be inspected? _____

If you have obtained repair quotes, please attach these.

ACCIDENT/LOSS DETAILS

Date: _____ Time: _____

AM

PM

Address: _____

How did the accident occur? *(Please provide a precise description)*

Did this loss occur during "tipping?"

Yes

NO

Who do you consider at fault?

Yourself

Other Party

If 'Other Party' please state why:

Were there any witnesses?

Yes

NO

If 'Yes', please provide details:

Was the accident/loss reported to the Police or other authority?

Yes

NO

If 'Yes', please provide Report Number and date reported:

If 'No' was selected above, please provide reason for not reporting:

DRIVER'S DETAILS

Name of driver: _____

Age of driver: _____

License Number: _____

License Issue date: _____ License Expiry Date: _____

Type of License: Full Restricted Learners

For what classes of driving is the license valid?

PAYEE'S ELECTRONIC FUNDS TRANSFER (EFT) DETAILS AND TAX STATUS:

Following approval of your claim, we will pay your claim directly into your bank account. To enable us to do so, please provide the following details:

Name of Financial Institution: _____

Account Name: _____

Bank Code: _____ Account Number: _____

Bank Swift Code (International Payments): _____

Bank Account Currency (International Payments): _____

Bank Address (International Payments): _____

Please note that we are not liable for any bank processing fees incurred by you.

Is the Payee tax resident in New Zealand? Yes No

If not, is the Payee registered for GST? Yes No

DECLARATION

I declare that the above statements are true and correct and that I understand that:

- this claim form may collect personal information;
- Berkshire Hathaway Specialty Insurance Company requires this information pursuant to my insurance policy ("the policy") and to evaluate this claim;
- the Privacy Act 2020 entitles me/us to have access to, and request correction of, any information retained;
- Berkshire Hathaway Specialty Insurance Company is authorised to collect information relevant to the policy and the claim from third parties; and
- Berkshire Hathaway Specialty Insurance Company may make my/our personal information available to third parties to administer this claim or when required by law to do so.

Driver's

Signature: _____ **Date:** _____

Insured's

Signature: _____ **Date:** _____

IMPORTANT: No repairs or alterations to the damaged Machine should be made until approved by Berkshire Hathaway Specialty Insurance Company. For claims by third parties, no liability shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured, without express consent by Berkshire Hathaway Specialty Insurance Company.

Email: claimsnoticenewzealand@bhspecialty.com

Phone: For emergency contact 0800 99 88 44 or +64 9 303 3232

Phone: For non-emergency contact

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