



Household Goods and Personal Effects

CLAIM FORM

INSURED DETAILS

Policy Number: _____

Name of Insured: _____

Address: _____ State: _____

Postcode: _____ Telephone Number: _____

Name of Contact: _____

Email Address: _____

TRANSIT DETAILS

Date your household effects were moved from your residence: _____

Name of the carrying company that moved your household effects:

Name of the shipping company or airline that moved your household effects:

Voyage or flight number (if known): _____

Date and port of arrival: _____

DETAILS OF LOSS OR DAMAGE

What caused the damage?

Date damage discovered: _____ Who by: _____

Date your household effects were delivered to their destination: _____

Have you completed the unpacking of all your property? _____

Is the property likely to suffer further damage? _____

Was any of your property in storage before delivery to its destination? _____

Did a Customs Agent arrange delivery of your household goods from the wharf? _____

When the carrier delivered your property, did you notice any loss / damage? _____

(i) Did you write details of any loss or damage on the docket? _____

(ii) Have you written to the carrier holding them responsible for the damage/loss? Yes No
(if no, please do so)

Have you reported this theft or non-delivery to police? Yes No

If yes, Station at: _____

(i) On (date): _____ (ii) At (time): _____

| Item | Nature of Damage | Age (yrs) | New Replacement Value | Estimated repair cost (if applicable) | Amount Claimed |
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| Total Amount Claimed | | | | | |

OTHER INSURANCE

Do you hold more than one policy insuring you in respect of this loss?

Yes No

If yes, please provide details:

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

IMPORTANT NOTICE

Please attach the following documents where applicable:

- Original policy / certificate of insurance
- Inventory or packing list
- Original bill of lading / airways bill / consignment note
- Copy of non-delivery / shortage receipt
- Copy of claim on carrier
- Copy of carrier reply when available
- Quotation for replacement / repairs
- Police report
- Any other documents that will assist us in the understanding your claim.

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 requires this information pursuant to your 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 is authorised to collect information relevant to the policy and the claim from third parties; and
- Berkshire Hathaway Specialty Insurance may make our personal information available to third parties to administer this claim or when required by law to do so.

Name: _____ Position: _____

Signature: _____ Date: _____

Email: claimsnoticenewzealand@bhspecialty.com

Phone: For emergency contact

Calling from New Zealand

0800 99 88 44

Calling from outside New Zealand

+64 9 303 3232

For non-emergency contact

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