



# Marine Cargo and Static Risk

## CLAIM FORM

Policy Number:

### INSURED DETAILS

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### STATIC RISK CLAIM

Date of Loss or Damage: \_\_\_\_\_ Time: \_\_\_\_\_

Stock damaged or lost:

Please describe what happened:

Address where the damage or loss occurred:

Is this a manufacturing location?

Estimate of value of damaged / lost stock:

## TRANSIT CLAIM

### Details of Good

Description of Goods: \_\_\_\_\_

Address of Goods: \_\_\_\_\_

Terms of Sale:  Ex Works  FOB  CIF  CFR  Other (*please specify*) \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Claim amount (including currency): \_\_\_\_\_

Cause of loss: \_\_\_\_\_

Description of packaging condition: \_\_\_\_\_

### Dates

Unloaded from vessel/aircraft: \_\_\_\_\_ Received by consignee on: \_\_\_\_\_

Damage/Loss discovered on: \_\_\_\_\_

### Transit Details

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of vessel: \_\_\_\_\_ Voyage number: \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Container number: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_

Carrier/other: \_\_\_\_\_

Freight forwarder: \_\_\_\_\_

Customs/clearing agent: \_\_\_\_\_

Devanning station: \_\_\_\_\_

## PRO FORMA CLAIM

Has a claim been lodged against the shipping company/carrier?

Yes  No

Has the shipping company/carrier surveyed the damage?

Yes  No

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## 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

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## DOCUMENTS

Please attach copies of the following documents (originals may be required, so please keep them safe):

- the commercial invoice(s) and packing list(s);
- the shipping invoice, with any shipping specification and/or weight notes;
- warehouse receipt;
- the bill(s) of lading, consignment freight note or airway bill;
- customs entry form;
- any correspondence with the carrier or any other party regarding the loss, including any pro forma claim lodged;
- itemised valued claim; and photos of the damaged goods, if available.
- photos of the damaged goods, if available.

## 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 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 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.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email:** [claimsnoticenewzealand@bhspecialty.com](mailto:claimsnoticenewzealand@bhspecialty.com)

**Phone: For emergency contact**

Calling from New Zealand                      0800 99 88 44  
Calling from outside New Zealand    +64 9 303 3232

**Phone: For non-emergency contact**

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