



# Building In Transit

## CLAIM FORM

### INSURED DETAILS

Policy Number:

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

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

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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

### TRANSIT DETAILS

Description of the building: \_\_\_\_\_

Date the building was first moved for transit: \_\_\_\_\_

Date the building was delivered to the destination: \_\_\_\_\_

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

Current location of the building: \_\_\_\_\_

Name and contact details of the carrying company that moved the building:

Terms of carriage:  Limited Carriers Risk  Owners Risk  Declared Value  Declared Terms

### DETAILS OF LOSS OR DAMAGE

Description of damage:

Date damage discovered: \_\_\_\_\_ Damage discovered by: \_\_\_\_\_

Cause of Loss:

Claim Amount: NZD \_\_\_\_\_

Description of packing condition?

## OTHER INSURANCE

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

Yes  No

*If yes, please provide details:*

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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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## IMPORTANT NOTICE

Please attach the following documents where applicable:

- Original consignment freight note showing terms on which the carriage was conducted
- Evidence of pre-transit value of building
- Pre-transit survey report and photos of the building showing its condition prior to the transit
- Copy of any instructions provided to the carrier
- Copy of delivery note
- Copy of claim on carrier
- Copy of carrier reply when available
- Quotation for repairs
- Photos of the damage
- 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](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

**For non-emergency contact**

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