



BERKSHIRE HATHAWAY SPECIALTY INSURANCE

Carrier's Liability

CLAIM FORM

Policy Number:

INSURED DETAILS

Name of Insured: _____

Address: _____ State: _____ Postcode: _____

Name of Contact: _____ Telephone Number: _____

Email Address: _____

TRANSIT DETAILS

Name of Consignor: _____

Name of Consignee: _____

Party responsible for organizing transportation: ☐ Consignor ☐ Consignee ☐ Other

If other, please provide further details of appointment including supporting documentation:

Description of the goods carried, including how it was first presented for carriage:

Terms of Carriage: ☐ Limited Carrier's Risk ☐ Owner's Risk ☐ Declared Value/Terms

If Declared Value/Terms, please provide copy of contract applicable.

Goods transported from: _____ to: _____

Party responsible for loading the goods: _____

Description of the carrying vehicle(s) on which the goods were carried:

Name of Driver: _____

Were any drugs or alcohol consumed by the driver 24 hours prior to the incident? ☐ Yes ☐ No

Did the driver count or check the goods prior to carriage? ☐ Yes ☐ No

Were quantities correct and the consignment in good order prior to carriage? ☐ Yes ☐ No

Was a clean receipt given: (a) at loading? ☐ Yes ☐ No
(b) at delivery? ☐ Yes ☐ No

Was the insured the contracting or the actual carrier? _____

If contracting carrier, please provide details of the actual carrier including a copy of the applicable contract.

LOSS DETAILS

Date of loss/damage: _____ Time of loss/damage: _____

Place of loss/damage (if known): _____

Current location of the goods: _____

Circumstances leading to loss/damage:

Description of loss/damage:

Has insured been held liable for the loss/damage? ☐ Yes ☐ No
If yes, please provide a copy of the hold liable letter.

Estimated value of loss/damage: _____

Number of units that were lost/damaged: _____

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

DOCUMENTS

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

- consignment note (front and back);
- valued claim made against the insured;
- delivery receipt noting damage/shortage;
- supplier's invoice(s) and inventory/packing list(s);
- photos of the damaged goods and the packaging;
- if insured is the contracting carrier, claim against actual carrier;
- all correspondence entered into with any parties in relation to the loss/damage; and in case of theft, copy of police complaint acknowledgement.

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.

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

Phone: For non-emergency contact

Muskan Khubchandani	+64 9 301 3920
Senior Marine Claims Consultant	

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