BERKSHIRE HATHAWAY SPECIALTY INSURANCE

Marine Cargo

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:

INSURED DETAILS

Name of Insured: _____

Address: _____ State:_____Postcode: _____

Name of Contact: _____ Telephone Number: _____

Email Address: _____

TRANSIT CLAIM

Details of Good

Description of Goods:

Current location 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

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):

- 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: _____