

Marine Hull

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: _____

Insured Contact Person: _____

Address: _____

Mobile Number: _____ Work Phone Number: _____

Email Address: _____

VESSEL AND SKIPPER DETAILS

Year, Make & Model: _____ Name: _____

Skipper's Name: _____

Skipper's relationship to the Insured: _____

Is this the usual Skipper Yes No

If someone other than the skipper was in control of the vessel, please provide details:

Had the skipper consumed any drugs or alcohol within the 24 hours prior to the incident? Yes No

Please provide details of the qualifications and experience: *(use a separate sheet of paper if necessary)*.

ACCIDENT DETAILS

Date: _____ Time: _____ If after sunset, were the navigation lamps on? N/A Yes No

Place of Accident/Loss: _____

Latitude _____ Longitude _____

For what purpose was the vessel being used at the time of the accident? _____

Conditions: Sea: _____ Weather: _____ Visibility: _____

Estimated speed of the vessel at the time of the accident: _____

How did the accident/loss occur?

If needed, please provide a sketch on a separate page showing the positions and wakes of vessels concerned as clearly as possible. Were there any independent witnesses to the accident? If so, please provide names of all witnesses:

Was the incident reported to:

- the Maritime Safety Authority? Yes No
- the Police? Yes No

If 'Yes', please provide Report Number and date reported:

If 'No' was selected above, please provide reason for not reporting:

Is any action pending? Yes No

If 'Yes', state against whom: _____

Who do you consider at fault? Yourself Other party

If 'Other Party' please state why and provide details:

DAMAGE

Please describe all the damage to your vessel:

Where can the vessel be inspected: _____

What action, if any, has been taken to minimize loss/damage or liability:

Is the vessel partially or fully submerged? Yes No

If 'Yes', is the vessel a navigational hazard to others? Yes No

Are there any potential pollutants, chemicals or substances on the vessel? Yes No

If 'Yes', please provide names and quantities:

Estimated cost of damage: _____

Have quotations for repair been obtained? If so, please provide these. Yes No

LIABILITY TO THIRD PARTIES:

No liability should be admitted by you, or any offer made to compensate for damage.

All communications received should be forwarded to us immediately.

If damage was caused to third-party property other than that identified above, please provide the details below:

Description of the property damaged: _____

Nature of damage: _____

Estimated cost of damage: \$ _____

Owner Details: _____

Do you consider the accident was caused due to the fault of any person other than yourself? Yes No

If 'Yes', please give details:

Did the other person admit liability? Yes No

If 'Yes', please give 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 Bank : _____

Account Name: _____

Account Number: _____

Is the Payee tax resident in New Zealand? Yes No

If not, is the Payee registered for GST? Yes No

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.

Signature : _____

Date: _____

Name: _____

Position: _____