

Motor Vehicle Insurance

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: _____

Contact Person: _____

Address: _____ Postcode: _____

Mobile Number: _____ Work Phone Number: _____

Email Address: _____

INSURED VEHICLE

Make & Model: _____ Year: _____ Colour: _____

Registration Number: _____

Is there any financial interest on the machine?

☐ Yes ☐ No

If Yes, give details:

DAMAGE TO INSURED VEHICLE

What is the extent of damage to your Vehicle?

Where can it be inspected? _____

If you have obtained repair quotes, please attach these.

DRIVER'S DETAILS

Name of driver: _____ Age of driver: _____

License Number (attach copy): _____

License Issue date: _____ License Expiry Date: _____

Type of License: ☐ Full ☐ Restricted ☐ Learners

Had the driver consumed any intoxicating liquor or taken any drugs during the 12 hours prior to the Accident? ☐ Yes ☐ No

If Yes, please give details:

Was the driver required to undergo a breath test analysis? ☐ Yes ☐ N

If Yes, what was the result?

ACCIDENT/LOSS DETAILS

Date: _____ Time: _____ ☐ AM ☐ PM

Place of Accident/Loss: _____

How did the accident/loss occur? *(Please provide a precise description, including drawings if relevant)*

Were there any witnesses?
If 'Yes', please provide details:

☐ Yes ☐ No

Was the accident/loss reported to the Police or other authority?
If 'Yes', please provide Report Number and date reported:

☐ Yes ☐ No

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

Who do you consider at fault?
If 'Other Party' please state why and provide details:

☐ Yourself ☐ Other Party

Other Party Details

Name of driver: _____ Contact number: _____

Address: _____

Name of insurance company: _____ Policy Number: _____

Vehicle Type and Colour: _____

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

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.

Driver's

Signature: _____ Date: _____

Insured's

Signature: _____ Date: _____

IMPORTANT: No repairs or alterations to the damaged Vehicle should be made until approved by Berkshire Hathaway Specialty Insurance Company. For claims by third parties, no liability shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured, without express consent by Berkshire Hathaway Specialty Insurance Company.