



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: _____

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 1993 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 +800 99 88 111 or +64 9 303 3232

Phone: For non-emergency contact

Muskan Khubchandani +64 9 301 3920
Senior Marine Claims Consultant

Megan Howe +64 9 301 3912
New Zealand Claims Manager