



Marine Cargo and Static Risk CLAIM FORM

Policy Number:

INSURED DETAILS

Name of Insured: _____

Address: _____ State: _____ Postcode: _____

Name of Contact: _____ Telephone Number: _____

Email Address: _____

STATIC RISK CLAIM

Date of Loss or Damage: _____ Time: _____

Stock damaged or lost:

Please describe what happened:

Address where the damage or loss occurred:

Is this a manufacturing location?

Estimate of value of damaged / lost stock:

TRANSIT CLAIM

Details of Good

Description of Goods: _____

Address 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

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 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

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