



# 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.*

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## 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: \_\_\_\_\_

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## 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

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## 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.

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## 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.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email:** [claimsnoticenewzealand@bhspecialty.com](mailto:claimsnoticenewzealand@bhspecialty.com)

**Phone: For emergency contact**

Calling from New Zealand	0800 99 88 44
Calling from outside New Zealand	+64 9 303 3232

**Phone: For non-emergency contact**

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