

# Claim Form

*Credit risk management, without the risk*

## 1. INSURED

Policy number: .....

Name of insured: .....

Company ID: .....

Name of claimant (if Joint Insured): .....

Company ID: .....

## 2. INSURED CUSTOMER DETAILS

Name: .....

Address: .....

.....

.....

Postcode/Area Code: ..... Country: .....

Company ID: .....

## 3. YOUR TRADING TERMS WITH THE INSURED CUSTOMER

On what date was the account first opened? .....

What were your full contractually agreed terms of payment? e.g. Payment due end of month following month of invoice

.....

.....

Were these terms applied to all of the applicable debt? Yes  No

If no, please advise detail: .....

Type of account

Open Credit  Bills of Exchange  Other negotiable instrument

Please supply original Bills & protestation. Please give details: .....

.....

## 4. AMOUNT AND CAUSE OF LOSS

What is the gross amount of your claim? (please state in the Policy Currency) .....

What is the cause of your loss?

Insolvency  Default  Political risk

## 5. EVIDENCE OF LOSS

If Insolvency please supply the name and address of the Insolvency Practitioner together with a copy of the appointment letter and details of any meeting of creditors.

Name: .....

Address: .....

.....

.....

Have you forwarded the proxy so we can arrange representation at any forthcoming creditors' meetings?

Yes  No

Have you obtained Confirmation of Debt from the Insolvency Practitioner?

Yes  No  (if yes please supply the original)

If Default please supply a copy of the court judgement, invoices, delivery notes or other evidence of the existence of your debt.

If Political Risk please supply evidence of the event that has caused the loss.



