

# Trade Credit

## Special Contracts Supplemental Claim Form



To avoid any delay in processing your claim, please ensure all sections of the supplemental claim form are completed in full. If you require any assistance in completing this form, please contact the Claims Department on +44 (0)1664 423322 or speak to your Broker.

**1. Your Details**

Policyholder's Name:	
Policy Ref.:	

**2. Your Customer's Details**

Buyer's Name:	
Company Reg. No.:	

**3. Reason for Additional Information: (please tick the relevant boxes and enter the amount being claimed)**

Bound Contract:	<input type="checkbox"/>	
Pre-Delivery Costs and Work in Progress:	<input type="checkbox"/>	
Consignment Stock:	<input type="checkbox"/>	
Call-off Stock:	<input type="checkbox"/>	

**4. Additional Information Required**

Please attach the following documents for the section that you have ticked above.	
<b>Bound Contract</b>	
<input type="checkbox"/> Copy of the contract relating to the outstanding debt <input type="checkbox"/> Copy orders relating to the outstanding debt	
<b>Pre-Delivery Costs / Work in Progress</b>	
<input type="checkbox"/> Copies of orders from the Buyer <input type="checkbox"/> A summary of your manufacturing process <input type="checkbox"/> Copies of your purchase orders for goods you have purchased to manufacture these goods <input type="checkbox"/> Time sheets or similar for labour costs incurred <input type="checkbox"/> Breakdown of all costs showing labour costs, delivery cost, overheads and profit	
<b>Consignment Stock</b>	
<input type="checkbox"/> Copy of the signed consignment stock agreement for this Buyer <input type="checkbox"/> Copies of all stock sheets relating to the outstanding debt	
<b>Call-off Stock</b>	
<input type="checkbox"/> Copy of the call-off order relating to the outstanding debt <input type="checkbox"/> Copy of the call-off schedule relating to the outstanding debt	



## 5. Declaration

We declare the information given to be true and correct to the best of our knowledge and belief.

We confirm all documents relating to this claim are available for inspection if required.

**Signature**

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**Name of Signatory**

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**Position in Company**

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**Date**

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### Contact Us

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