



TOKIO MARINE
HCC

Trade Credit

Loss Payee Request Form

Please complete all sections. This request will automatically continue in respect of subsequent policies unless we receive instructions to the contrary. Where you require different Loss Payees for different companies covered by the Policy, please complete a separate form for each Loss Payee

Section 1 – Your Details

Insured Name:

Policy Reference:

Names of Insured Companies this request relates to (state “all” if it applies to the entire policy):

Effective Date of Assignment:

Section 2 -Loss Payee Details

Company Name:

Address:

Contact Name:

Section 3 – Loss Payee Payment Details for BACS payments

Bank Account Name:

Bank Account Number:

Bank Account Sort Code:

BIC / SWIFT Number:

IBAN:

Section 4 - Declaration

By signing below, You authorise all claim payments arising out of the above referenced policy and all subsequent policies with Tokio Marine HCC to be made to the Loss Payee name above, until You and the Loss Payee confirm otherwise

Authorised Signature:

Name of Signatory:

Position in Company:

Date:

Email Address:

Customer Relations

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