



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:**

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**Policy Reference:**

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

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**Effective Date of Assignment:**

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## Section 2 -Loss Payee Details

**Company Name:**

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**Address:**

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**Contact Name:**

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## Section 3 – Loss Payee Payment Details for BACS payments

**Bank Account Name:**

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**Bank Account Number:**

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**Bank Account Sort Code:**

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**BIC / SWIFT Number:**

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**IBAN:**

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## 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:**

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**Name of Signatory:**

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**Position in Company:**

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**Date:**

**Email Address:**

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## Customer Relations

Tel +44 (0)1664 424000  
creditsupport@tmhcc.com tmhcc.com

Member of the Association of British Insurers

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