

Trade Credit

Trader Self-Certification Claim Form



N.B. This form can only be used if the Insured Debt is less than 25% of your Premium. If the Insured Debt is more than 25% of your Premium You must complete a full claim form and return it to Us.

1. Details of Cover

Policyholder's Name:				
Policy Ref.:				
Buyer's Name:				
Buyer's Company Reg. No.: (limited companies only)				
Outstanding Invoice Dates:	from:		to:	

2. Claim Calculation


Total amount outstanding (excluding VAT) (whether Insured or not):	
Total amount outstanding relating to Goods Delivered or Services Provided within the Policy (excluding VAT):	
Less amounts in excess of the Credit Limit:	
Subtotal:	
Less Uninsured Percentage _____ % or Minimum Retention:	
Subtotal:	
Less excess (if applicable):	
Total amount claimed:	

3. Your Bank Details

Bank:		Branch:	
Bank Account Name:			
Account No.:		Sort Code:	

4. Certification of Claim

Please read each statement and tick the corresponding boxes to confirm that the statements are correct. If you are unable to tick any of the boxes or require any other assistance please call the Claims Department on +44 (0)1664 423322. If you can tick all of the boxes, please read and sign the declaration and email us at creditclaims@tmhcc.com. We will make payment to your nominated bank one working day after we receive your Self-Certification Claim Form.

Item	Statement	Tick 
a)	We hold a written Credit Limit for the Buyer which was effective when the goods were delivered / services provided or We have set a Discretionary Credit Limit and We attach details	<input type="checkbox"/>
b)	All outstanding invoices show the same name as the Credit Limit	<input type="checkbox"/>
c)	The insolvency paperwork is in the same name as the Credit Limit	<input type="checkbox"/>
d)	We have exhausted all avenues to recover the debt including enforcement of retention of title	<input type="checkbox"/>
e)	We have submitted a proof of debt or equivalent to the insolvency practitioner	<input type="checkbox"/>
f)	The debt is not disputed by the Buyer	<input type="checkbox"/>
g)	We have notified HCC International Insurance Company plc of all Notifiable Serious Events in connection with this Buyer	<input type="checkbox"/>
h)	The premium is paid up to date	<input type="checkbox"/>
i)	Payment terms with the Buyer have not exceeded 60 days beyond agreed terms	<input type="checkbox"/>
j)	The invoices relate to the business type described in the Certificate of Insurance	<input type="checkbox"/>
k)	All invoices claimed for relate to deliveries in the policy period	<input type="checkbox"/>
l)	I have checked the claim calculation	<input type="checkbox"/>

5. Declaration

I declare that I am authorised to certify this claim on behalf of the Policyholder. I am fully aware of the terms and conditions of the Policy and to the best of my belief and knowledge the Policyholder has complied with the terms of the policy and this claim form is complete and accurate.

I understand that HCC International Insurance Company plc will rely on this certification to settle the claim and should it transpire that the information in this form is materially false, misleading or incorrect then the Policyholder will immediately refund to HCC International Insurance Company plc the difference between the amount it should have correctly claimed and the amount actually claimed.

Signature

Name of Signatory

Position in Company

Date



Contact Us

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