

Trade Credit

Constructor Claim Form

To avoid any delay in processing your claim, please ensure all sections of the claim form are completed in full. If you require any assistance in completing this form, please contact the Claims Department or speak to your Broker.

1. Your Details

Policyholder's Name:	
Policy Ref.:	

2. Your Customer's Details

Contractor's Name:	
Company Reg. No.:	

3. Reason for Claim (please tick one box)

Insolvency:	<input type="checkbox"/>	Protracted Default:	<input type="checkbox"/>
If Protracted Default:			
Court Action:	<input type="checkbox"/>	Debt Collection:	<input type="checkbox"/>
Date action started:		Name of solicitor / debt collector:	

4. Account Details

Date Contractor's account was opened:	
Payment terms agreed:	
Details of any retention of title held:	
Details of any other insurance:	
Details of any other security:	
When were you first aware of a problem with the Contractor's account?	

5. Credit Limit

Credit Limit issued by HCCI:	GAIN:	<input type="checkbox"/>	Amount:		Date:	
	Written:	<input type="checkbox"/>	Amount:		Date:	
OR						
Discretionary Credit Limit set by You:	Discretionary:	<input type="checkbox"/>	Amount:		Date:	
Information used to Justify the Credit Limit:						

6. Claim Calculation

Total amount outstanding (excluding VAT) (whether Insured or not):	
a) Amount outstanding relating to Work Executed in the Policy (excluding VAT):	
b) Amount outstanding relating to Final Account Balances Certified in the Policy Period (excluding VAT):	
c) Amount of retentions outstanding within the Policy (excluding VAT):	
Total of a, b, and c :	
Less amounts in excess of the Credit Limit:	
Subtotal:	
Less Uninsured Percentage _____ % or Minimum Retention:	
Subtotal:	
Less excess (if applicable):	
Total amount claimed:	

7. 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

Name of Signatory

Position in Company

Date

Please attach the following documents in support of your claim:

- ☐ Evidence of Insolvency / Court Action / Debt Collection
- ☐ Copy documents You used to set a Discretionary Credit Limit (if applicable)
- ☐ Copies of the outstanding invoices / final account balances / applications for payment / details of retentions included in your claim
- ☐ Copies of quotes and orders including variation instructions relating to the outstanding debt
- ☐ Sale ledger for the last 12 months of trading prior to the outstanding debt - to include all invoices raised, credit notes and payments received

If you have problems providing any of this information or the volume make it impractical please call us on +44 (0)1664 423322.



Contact Us

The Grange
Rearsby
Leicester
LE7 4FY

Tel: +44 (0)1664 423322

Email: creditclaims@tmhcc.com

Website: tmhcc.com