

Trade Credit

Trader 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

| | |
|-------------------|--|
| Buyer'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 Buyer's account was opened: | |
| Payment terms agreed: | |
| Details of any retention of title: | |
| Details of any other insurance: | |
| Details of any other security: | |
| When were you first aware of a problem with the Buyer'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): | |
| 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: | |

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 included in your claim
- ☐ Sales 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 are claiming for anything other than goods delivered or services provided please complete a supplemental claim form, available on our website.



Contact Us

The Grange
Rearsby
Leicester
LE7 4FY

Tel: +44 (0)1664 423322

Email: creditclaims@tmhcc.com

Website: tmhcc.com