

Trade Credit

SC 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.						
Sum Insured:						
4. Reason for Claim:	(please tick one	box)				
Insolvency:			Protracted Default:			
If Protracted Default:				•		
Court Action:			Debt Collection:			
Date action started:			Name of solicitor / debt collector:			
5. Account Details:	1					
Date Buyer's account w	vas opened:					
Payment terms agreed:						
Details of any retention of title:						
Details of any other insurance:						
Details of any other security:						
When were you first aw with the Buyer's accour						
6. Claim Calculatio						
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 Sum Insured:						
Subtotal:						
Less Uninsured Percen	itage	% (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.					
Signatu	re				
Name o	f Signatory				
Position	ı in Company				
Date					
Please A	ttach the Following Documents in Support of your Claim:				
	Evidence of Insolvency / Court Action / Debt Collection				
_	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