

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.:							
Your Customer's De	etails						
Contractor's Name:							
Company Reg. No.:							
Reason for Claim	(please tick one	box)					
Insolvency:		Protra	cted Default:				
If Protracted Default:							
Court Action:				Debt Collection:			
Date action started:	d :		Name collec	of solicitor / debtetor:	t		
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?		1					
5. Credit Limit		-					
Credit Limit issued by HCCI:		GAIN:		Amount:		Date:	
		Written:		Amount:		Date:	
OR			•			•	
Discretionary Credit Limit set by You:		Discretionary	/:	Amount:		Date:	
Information used to Just	tify the Credit Li	mit:					



Claim C	alculation
---------------------------	------------

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	e and belief.
The decide with intermediating of the second	
We confirm all documents relating to this claim are available for inspection if require	
We confirm all documents relating to this claim are available for inspection if require Signature	
Signature	
Signature Name of Signatory	
Signature Name of Signatory	d.
Signature Name of Signatory Position in Company	d.
Signature Name of Signatory Position in Company Please attach the following documents in support of your claim:	Date
Name of Signatory Position in Company Please attach the following documents in support of your claim: □ Evidence of Insolvency / Court Action / Debt Collection	Date
Name of Signatory Position in Company 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 application) □ Copies of the outstanding invoices / final account balances / application	Date Dole) In s for payment / details of retentions
Name of Signatory Position in Company 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 application Copies of the outstanding invoices / final account balances / application included in your claim	Date Date Die) In s for payment / details of retentions The outstanding debt

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: <u>creditclaims@tmhcc.com</u>

Website: tmhcc.com