

## **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.

<ol> <li>Your Details</li> </ol>										
Policyholder's Name:							_			
Policy Ref.:										
2. Your Customer's De	etails									
Buyer's Name:										
Company Reg. No.:										
Reason for Claim:	: (please tick one	e box)								
Insolvency:	solvency:			Protracted Default:						
If Protracted Default:										
Court Action:				Debt Collection:						
Date action started:					Name of solicitor / debt collector:					
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 awa with the Buyer's accoun										
5. Credit Limit										
Credit limit issued by HCCI:		GAIN:			Amount:			Date:		
		Written:			Amount:			Date:		
OR										
Discretionary Credit Limit set by You:		Discreti	Discretionary:		Amount:	mount:		Date:		
Information used to Just	tify the Credit Li	mit:								



6. Claim Calculation						
Total amount outstanding (excluding VAT) (whether Insured or not):						
Total amount outstanding relating to goods delivered or services provided within th 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	e and belief.					
We confirm all documents relating to this claim are available for inspection if required.						
we commit all decaments relating to this claim are available for inspection in require	u .					
Signature						
Name of Signatory						
Position in Company						
Dete						
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						

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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

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