

**Trade Credit Insurance Policy
Claim Form**

1. Policy

Policy Number _____

Insured's name as appearing on the Policy Schedule: _____

Name of claimant, if different from the Insured's name: _____

2. Buyer

Please provide the following details about the Buyer that you are claiming against:

Full name: _____

Address: _____

Postcode: _____ Registered number: _____

3. Circumstances of the Loss

How and when did you first become aware that a Loss might occur? _____

What was the Date of Loss? _____

What goods and/or services did you supply? _____

What was the Contract Currency? _____

What is the gross amount of the debt in the Contract Currency? _____

What is the net amount of your Loss as calculated below? _____

	Contract Currency
Total Value of Eligible Shipments, less:	
Discounts or other similar allowances and concessions	

Amounts which prior to the date of payment of a claim by the Insurer the Insured has received from any source whatsoever as or towards payment for the Eligible Shipments, including realisation of any security and recovered or returned goods and resale of the goods	
Expenses saved by the Insured by the nonpayment of agent's commissions, non-fulfilment of the Contract of Sale or otherwise	
Amounts which the Buyer would have been entitled to deduct by way of credit, set-off or counterclaim against the Insured	
Sales, value-added, or other taxes	
Amount in excess of the Credit Limit	
Net loss	

What is the reason for your claim? (Please tick the applicable reason. Your Policy may cover one or more of the following causes of loss).

- Insolvency? If so, please provide evidence of insolvency Default?
 Transfer loss?
 War?
 Government Action?
 Public Buyer Default?

When did you first notify Markel of the Loss? _____

4. The Buyer's Account

When was the account first opened? _____ Is

the claim against: a Credit Limit specified on a Markel International Endorsement?
 a written Credit Limit set by you in accordance with your Credit Management Procedures?

How was credit-worthiness assessed (refer point 9 attachments)? _____

How much was the Credit Limit? _____

Please provide details of any changes & dates and amounts of changes to the Credit Limit in the 12 months before the earliest invoice now unpaid. _____

Who approved the Credit Limit? _____

When and how were the full contractual terms of payment agreed? _____

How was the payment obligation evidenced? e.g. invoices and contract (for open account), bills of exchange, promissory notes, letter of credit: _____

Was there a third-party corporate guarantee of payment? Yes No

If yes, please provide details including your internal risk assessment of the guarantor and authorisation documents.

Was other security held, such as reservation of title

personal guarantees, fixed charges? Yes No

If yes, please give details of the type of security _____

Has the security been exercised? Yes No

If not, why?

5. Trading Experience with the Buyer

Please provide details of your monthly transactions including:

- (i) balances with this debtor for twelve months prior to the earliest outstanding amount, or if more recent, from the date when the account was first opened; and

8. Confirmation of Debt

Please note that in order to finalise payment of your claim, we need to have confirmation of the amount of the Loss, from an independent, official source, as defined in the Policy.

9. Attachments

Please provide the following documents to help us assess your claim

Evidence of Insolvency	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Official notice of the cause of Loss	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Copies of invoices	<input type="checkbox"/> Attached	<input type="checkbox"/> Too numerous

If the credit limit was not set by Markel International:-

- Copies of all documentation used by you
to set the Credit Limit including financial information Attached n/a
- A copy of your internal written approval Attached n/a
- Copy of the Credit Limit history
- A copy of a third party corporate guarantee if applicable

If other security was held, copies of the documents

If bills of exchange or promissory notes were used,

- Copies of the documents:
- Evidence that they were protested

Evidence of the actions that you took to chase the Buyer for payment

A copy of the final statement of account

Confirmation of Debt

Copies of all correspondence with the insolvency

Practitioner

Any additional information you deem relevant

Please note that we may need to ask for further documents and information.

10. Declaration

I declare that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief.

Signature: _____

Name of signatory: _____

Position in company: _____

For and on behalf of:

Company name: _____

Address: _____

Post Code: _____ Telephone number: _____

E-mail address: _____

Date: _____