

# 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:\_\_\_\_\_ **Circumstances of the Loss** 3. 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

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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	
Amount in excess of the Credit Limit	
Net loss	
·	oplicable reason. Your Policy may cover one or more of
What is the reason for your claim? (Please tick the ap the following causes of loss).	oplicable reason. Your Policy may cover one or more of
the following causes of loss).	
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the following causes of loss).  Insolvency? If so, please provide evidence of ins Transfer loss?  War?  Government Action?  Public Buyer Default?  When did you first notify Markel of the Loss?  The Buyer's Account  When was the account first opened?  the claim against:  a Credit Limit specified	olvency Default?

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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	of change	es to the	Credit Lin	nit in th	e 12 month
before the earliest invoice now unpaid					
Who approved the Credit Limit?					
When and how were the full contractual terms of payment a	greed?_				
How was the payment obligation evidenced? e.g. invoices an					
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 asset documents.	ssment o	of the gua	arantor ar	nd auth	orisation
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?					
					<del></del>

### 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

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(ii) transactions during the period of amounts outstanding under the claim; and (iii) please detail any trading post the Date of Loss, including cash sales.

Were any Bills of Exchange, cheques or other payment instruments dishonoured on presentation during this period? If so please provide details:

Month / Year of delivery	Invoice Totals	Payments Received	Credit Notes Issued	Month-end Balance
Opening Balance				

Were any bills of exchange, cheques, or other payment instruments, not forming part of the claim,					
dishonoured on presentation during this period?	?	Yes		?	No
If yes, please provide details:					
Was the account rescheduled during the 12-month period prior to the Loss?	?	Yes	?	No [	Date of
If yes, please provide details:					

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### 6. Collection History

When and how was the Buyer first contacted about the debt?					
When and how was subsequent contact made?					
Was the debt passed for collection to an external party?	?	Yes	?	No	
If yes, on what date was the debt passed for collection?					
Please give the name, address and telephone number of the exter that they have taken:				e the actions	
If you held a third-party corporate guarantee of payment, and/or of that you have taken to enforce them:				rise the steps	

### 7. Outstanding Amounts

Please provide a breakdown by month of all amounts making up your claim, in Contract Currency.

Month / Year of delivery	Due Date	Net Value	VAT or equivalent	Gross Value

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#### 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 asse	ss y	our claim	
Evidence of Insolvency	?	Attached ?	n/a
Official notice of the cause of Loss	?	Attached ?	n/a
Copies of invoices	?	Attached ?	Too numerous
If the credit limit was <u>not</u> set by Markel International:-			

Copies of all documentation used by you

to set the Credit Limit including financial information

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

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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:

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