

# Claim form

For Chubb use only:

Date received:

Reference number:

## **Policy**

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Policy Number:

Insured's name as appearing on the Policy Schedule:

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

## **Debtor**

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

Full name:

Registered number:

Address:

Postcode:

## **Circumstances of the Loss**

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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 is the gross amount of the debt in the Policy Currency?

What is the net amount of your 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 risk?
- War?
- Government Action?
- Public Buyer default?

When did you first notify Chubb of the Loss?

## The Debtor's Account

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When was the account first

Is the claim against:

A Credit Limit specified on a Chubb endorsement

A written Credit Limit set by you in accordance with your Credit Management Procedures

If it was set by you, give the value set as well as any changes & dates and amounts of changes to the limit in the 12 months before the earliest invoice now unpaid

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

How much was the Credit Limit?

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

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

## Trading Experience with the Debtor

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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
- (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
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Opening Balance

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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:

**Collection History**

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When and how was the debtor 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 external party used and summarise the actions that they have taken:

If you held a third-party corporate guarantee of payment, and/or other security, please summarise the steps that you have taken to enforce them:



## Confirmation of Debt

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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.

## Attachments

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Please provide the following documents to help us assess your claim:

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|--|----------|-----|
| • Evidence of Insolvency               | Attached | n/a |
| • Official notice of the cause of Loss | Attached | n/a |
| • Copies of invoices                   | Attached | n/a |

If the credit limit was NOT set by Chubb,

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

If other security was held, copies of the documents	Enclosed	n/a
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If bills of exchange or promissory notes were used,

- |  |          |     |
|--|----------|-----|
| • Copies of the documents  | Enclosed | n/a |
| • Evidence that they were protested                                    | Enclosed | n/a |
| • Evidence of the actions that you took to chase the Buyer for payment | Enclosed | n/a |
| • A copy of the final statement of account                             | Enclosed | n/a |
| • Confirmation of Debt   | Enclosed | n/a |
| • Copies of all correspondence with the insolvency Practitioner        | Enclosed | n/a |
| • Any additional information you deem relevant                         | Enclosed | n/a |

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

## Declaration

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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.

Name of Signatory

Signature

Position in company

For and on behalf of:

Company name:

Address:

Telephone number:

Postcode:

E-mail address:

Date:

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.

When you have completed and signed this form, please forward it to:

### Claims Manager

Trade Credit

Chubb Global Markets

100 Leadenhall Street

London EC3A 3BP

**trade.credit@chubb.com**

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult.  
If you need assistance please contact [ecomunications@chubb.com](mailto:ecomunications@chubb.com).



**Chubb. Insured.<sup>SM</sup>**

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