

Claim form - Credit Complete

For Chubb use only:

Date received:

Reference number:

Policy

Policy Number:

Insured's name as appearing on the Policy Schedule:

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

Debtor

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

Full name:

Registered number:

Address:

Postcode:

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

What is the net amount of your Loss?

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

Attachments

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

- Evidence of Loss (Insolvency)
- Copies of invoices
- A copy of the final statement of account
- Confirmation of Debt
- Copies of all correspondence with the insolvency Practitioner
- Copies of all correspondence with the Primary Insurer
- A copy of the Primary Insurer letter of indemnification
- Any additional information you deem relevant
- Last 12-months' trading experience with the Buyer showing, for each month the aggregate value of invoices raised, payments received, credit notes issues and month-end balance

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

Declaration

Name of Signatory

Position in company

Signature

Date

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 by e-mail to:

Andrew-Dane Fairclough

Andrew-Dane.Fairclough@chubb.com

Trade Credit

Chubb Global Markets

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London EC3A 3BP



Chubb. Insured.SM

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