

Commercial Credit Insurance

Claim Form for Policyholders in the U.K.

Guidelines for completing this Form
<ul style="list-style-type: none"> Please answer all the questions in every section, striking out those that are not applicable and supply documentation to support your claim. Please complete a separate Claim Form in respect of each Insured Customer for which a claim is being made. The absence of any information could affect the processing of your claim. This original form must be submitted within the time period provided in the General Conditions and/or the policy. You may be asked to provide additional documentation depending on the answers and documents provided herein. If you require any assistance completing this form please contact your broker or ourselves.

1 Your policy details
Policy number _____ Insured's name _____ Name of claimant, if different from Insured (Co-Insured) _____ Your full bank details including IBAN and Swift Code/BIC or Loss Payee's name and bank details _____ _____

2 Customer details
Full name of Customer _____ Address _____ _____ Town _____ Postcode _____ Country _____ National ID No. (Co. Registration No. in U.K./Zurich Customer (ZK) No.) _____

3 Details of your claim
Insured event: Insolvency <input type="checkbox"/> (Please supply evidence of Insolvency) Protracted Default <input type="checkbox"/> Others <input type="checkbox"/> Please describe the circumstances that resulted in the Loss: _____ _____ _____

Was any payment dishonoured during the above period?

Yes No

If yes, please provide details _____

6 Outstanding amounts

Please provide a copy of the final statement detailing all the outstanding amounts. The total gross debt should equal the final ledger balance in Section 5 above.

Total debt in original currency (excluding VAT) _____

Total VAT amount _____

Are any invoices subject to a dispute? Yes No If yes, please provide further details:

7 Collection action

Please detail all actions taken since the Due Date of the earliest outstanding invoice forming part of this claim in order to obtain payment.

Please attach copies of any collection correspondence with the Insured Customer.

Was the debt passed to a third party for collection?

Yes No If yes, when? _____

Please attach copy of correspondence.

8 Other recovery action

Do you hold any of the following securities?

Retention of Title Guarantees Lien

Contra Account Other (Please specify) _____

Please provide a copy of the security and summary of the steps taken to enforce it.

9 Additional documents

The following documents are the minimum we require to process your claim. We may request additional information.

Insolvency

- Confirmation of Debt must be obtained in writing from the Liquidator, Trustee, Receiver or other Office Holder. Please supply the original confirmation as soon as possible but do not hold up the submission of your claim whilst awaiting this. If you experience difficulties in obtaining a Confirmation of Debt please inform your broker or ourselves.
- Copies of all undisputed, outstanding invoices and associated signed delivery notes.
- Evidence that you have lodged your Proof of Debt. Please note that most insolvencies have a time limit for lodging Proof of Debt.

Protracted Default

Please supply judgement obtained from the courts, copies of all undisputed, outstanding invoices and associated signed delivery notes and bills of lading if applicable.

Please sign and date the following declaration

10 Declaration

We declare that to the best of our knowledge and belief, the information given here is true and correct in every respect. We confirm that all documents relating to the claim are available for inspection if required. We agree to execute the Release and Assignment Form presented by Zurich.

We authorise Zurich to communicate on our behalf with any person dealing with the Insured Customer's affairs.

Name of Signatory _____

Position in company _____

Company name _____

Company address _____

Postcode _____

Telephone number _____

E-mail address _____

Signature _____

Date _____

On receipt of your claim we will acknowledge your claim within 5 working days. Please notify us if you do not have a response from us in that time.

The Data Protection Act 1998 Information Notice:

Where Zurich Insurance plc NfD is provided with personal data as defined by the Act, the data will be processed for the purpose of carrying out credit insurance and associated activities. The data will be held securely and in confidence and it may be shared with other companies within the Zurich Group or other responsible third parties, where necessary, both within and outside the Economic European Community. You may write to the Data Protection Officer at Zurich for further information.