

**Commercial Credit Insurance**

**Claim Form for Policyholders in the U.K.**

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

<b>1 Your policy details</b>
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 _____ _____

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

<b>3 Details of your claim</b>
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: _____ _____ _____

Zurich Insurance plc Niederlassung für Deutschland · Direktion Rhein-Main  
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 Bankverbindung: Deutsche Bank AG, Frankfurt/Main, IBAN: DE11 5007 0010 0093 7789 02, BIC: DEUTDEFFXXX  
 Verwaltungsratsvorsitzende: Amanda Blanc  
 Hauptbevollmächtigter der Niederlassung: Dr. Carsten Schildknecht  
 Sitz der Niederlassung: Frankfurt am Main (Registernr. HRB 88353), Platz der Einheit 2, 60327 Frankfurt am Main  
 Rechtsform der Gesellschaft (Zurich Insurance plc): public company limited by shares (Aktiengesellschaft nach irischem Recht), Hauptsitz: Dublin (Irland)  
 Companies Registry Office (entspricht dem deutschen Registergericht) Registernummer 13460  
 UStID-Nr. DE815195011, Vers.St-Nr. 807/V90807020227  
 Vertretung der Gesellschaft: Patrick Manley (Chief Executive Officer)



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.