

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: _____

3. 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 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	
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 non-	

payment 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	
Net 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 loss?
- War?
- Government Action?
- Public Buyer Default?

When did you first notify Markel of the Loss? _____

4. The Buyer's Account

When was the account first opened? _____

- Is the claim against: a Credit Limit specified on a Markel International Endorsement?
 a written Credit Limit set by you in accordance with your Credit Management Procedures?

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 changes to the Credit Limit in the 12 months before the earliest invoice now unpaid. _____

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

If yes, please provide details including your internal risk assessment of the guarantor and authorisation documents.

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?

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
- (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 Date of Loss? Yes No

If yes, please provide details: _____

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 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: _____

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

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 assess your claim

Evidence of Insolvency Attached n/a

Official notice of the cause of Loss Attached n/a

Copies of invoices Attached Too numerous
(Markel to specify sample)

If the credit limit was not set by Markel International:-

- Copies of all documentation used by you to set the Credit Limit including financial information Attached n/a
- A copy of your internal written approval Attached n/a

- Copy of the Credit Limit history
- 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

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 to follow

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.

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: _____

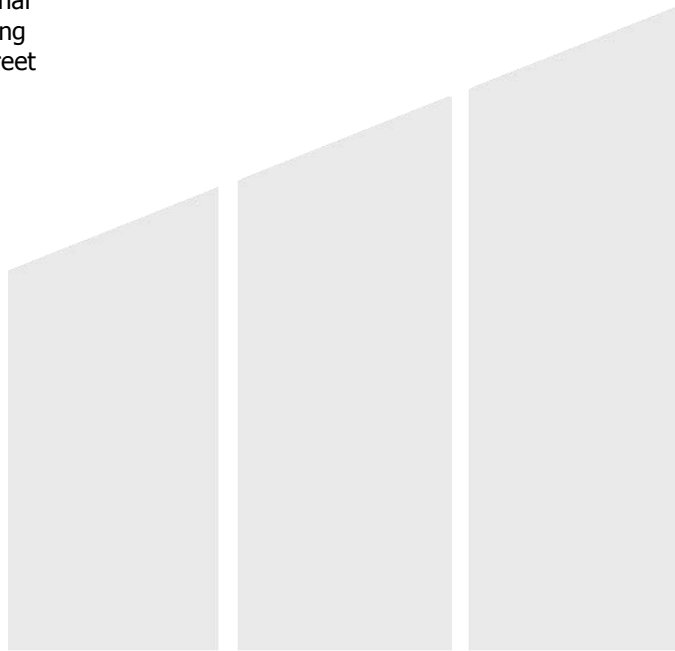
Post Code _____ Telephone number: _____

E-mail address: _____

Date: _____

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

Antony Bastow, Claims Barrister
Claims Department
Markel International
The Markel Building
49 Leadenhall Street
London
EC3A 2EA



MARKEL®