

TRADE CREDIT CLAIM FORM

Name of the insured _____
 Policy number _____
 Name of insured debtor _____
 Annexure number _____
 Debtor/Company registration number or identity number of Sole Proprietor _____

The following loss event has occurred or is expected to occur:

- Acknowledgement of Debt (AOD)
 Court order (judgement)
 Business rescue
 Insolvency

Credit limit	Effective from	Effective until	Credit terms	Non-payment notification date
R _____	_____	_____	_____	_____
Total amount outstanding		R _____		
Insured amount		R _____		
Securities		R _____		
Excess		R _____		

Please provide copies of the following documents:

- The credit application form/credit agreement between you and the insured debtor
- Any sureties or securities (if applicable)
- Unpaid invoices
- Delivery notes, relating to unpaid invoices
- 12 months of monthly statements
- Latest statement
- All correspondence with the insured debtor, relating to the outstanding debt
- Information regarding the loss event (please attach proof of loss event):
 - Acknowledgment of Debt (AOD): Signed AOD
 - Judgement: Court order
 - Business rescue: Resolution or court order
 - Insolvency: Court order

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature _____ Full name _____
 Designation _____ Place _____ Date _____