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If you are having technical difficulties please contact your broker or your usual contact at CIFS or email tradecredit@nexusunderwriting.com.

Claim Form

1) Insured

Policy number:

Name of insured:

Name of claimant (if Joint Insured):

2) Insured Customer Details

Name:

Address:

Postcode/Area Code:

Country:

Company ID:

3) Your Trading Terms with the Insured Customer

On what date was the account first opened?

What were your full contractually agreed terms of payment? (e.g. payment due end of month following month of invoice or payment due 30 days from date of invoice)

Type of account

Open Credit

Bills of Exchange

Other negotiable instrument

Please supply original bills & protestation

Please give details:

4) Amount and Cause of Loss

What is the gross amount of your claim?

Indicate currency? GBP Euro Dollar

What is the cause of your loss?

What is the date of your loss?

Insolvency

Default

Political risk

5) Customer Limit

Is the claim against a CIFS First Limit?

Yes No

Is the claim against a CIFS Insured Credit Limit?

Yes No

If yes, specify the amount and date of the Credit Limit.

If no, how was your Credit Limit assessed?

Status Report

Date of Report

Credit Reference Agency

Amount Recommended

(Please supply a copy of the report)

Trading Experience

(Please fully complete Section 6)

6) Trading Experience

Please provide details of your monthly transactions with the buyer for twelve months prior to the earliest outstandings or since trading commenced, if less than a twelve month period, up to the last transaction with this customer. **Please include all payments received so that the closing figure matches the amount being claimed.**

Opening balance: .

| Month & Year | Invoice totals | Value of payments received | Credit note totals | Month end balance |
|--------------|----------------|----------------------------|--------------------|-------------------|
|--------------|----------------|----------------------------|--------------------|-------------------|

Totals:

Was any bill or cheque dishonoured during the above period? Yes No

If yes, please provide details:

.....

7) Claimed Amounts by Month

List the amount outstanding for each month.

(Please provide a copy of the final statement detailing all outstanding amounts)

| Month & Year | Gross value | VAT | Net value |
|--------------|-------------|-----|-----------|
|--------------|-------------|-----|-----------|

Totals:

8) Work in Progress or Stock Held

State the amount of work in progress or stock that has not been delivered being claimed, calculated at cost price.

To evidence a loss, you must provide the following information:

- The specific Contract of Sale
- Relevant invoices received in respect of raw materials used/goods purchased
- Timesheets or documentation relevant to labour costs
- Purchase orders from the Insured Customer
- Details of any pre-payments made by the Insured Customer, proceeds from reselling, or re-use of purchased materials.

| Value | Date of order | Due date for delivery |
|-------|---------------|-----------------------|
|-------|---------------|-----------------------|

Totals:

9) Evidence of Loss

If Insolvency, please supply the name and address of the Insolvency Practitioner together with a copy of the appointment letter and details of any meeting of creditors.

Name:

Address:

Have you previously provided us with instructions to arrange representation at any Meeting of Creditors regarding this debtor held prior to the submission of this claim?

Yes No

If a Meeting of Creditors has not yet taken place, do you wish to give instructions so we can arrange representation on your behalf?

Yes No

Have you obtained Confirmation of Debt from the Insolvency Practitioner?

Yes No

If Default please supply a copy of the Court Judgment, invoices, delivery notes or other evidence of the existence of your debt
If Political Risk please supply evidence of the event that has caused the loss.

10) Collection History

Was the debt passed on to STA International to collect?

Yes No

If no, was the debt passed on to an external party to collect?

11) Security

Please tick those securities that applied to the debt and summarise any action taken, including details of any amounts recovered.

Retention of Title

Contra Account

Guarantee (e.g. parent company)

Any other security lien or charge

12) Bank Details

Please supply details of your bank account (or that of the loss payee noted on the policy, if applicable) to which you wish any payment resulting from this claim to be paid.

Name(s) of Account Holder(s)

Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Branch Sort Code

| | | |
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13) Declaration

We declare that to the best of our knowledge and belief the information provided is true and correct and that we have not withheld any material fact. We confirm that all documents relating to this claim are available for inspection if required. We agree that as soon as the claim is paid our rights to any salvage, including any dividend declared in the insolvency of the insured customer will be automatically assigned to Nexus CIFS Limited.

Your Personal Data

In this notice “we”, “us” and “our” means Nexus CIFS Limited. We are the data controller in respect of any personal data we collect, hold and use about you.

We collect your personal data directly from you, but we may also collect it from brokers and other intermediaries who provide information to us for the purpose of providing your policy of insurance.

We will mainly use your data for the purpose of providing and administering this policy of insurance and claims you make under it. If you decline to provide your data when requested, or you give us false or inaccurate data, we may be unable to process your enquiry, and this could give us the right to void coverage or could impact your ability to claim under your policy.

In some circumstances, we may need to collect and use particularly sensitive data, such as data about your health or ethnicity. Where this is required, we will usually seek your consent to use that data. You can withhold or withdraw your consent at any time by contacting us, but if you do, we may be unable to process your enquiry or claim or continue to provide coverage.

We will exchange data about you with other parties in order to provide our services and administer this policy and any claims. This may include insurers, claims handlers and loss adjusters and providers of emergency medical services. In some cases, this may involve a transfer of data outside the UK and the European Economic Area (“EEA”) to countries that have less robust data protection laws. Any such transfer will be made in accordance with data protection laws.

We will not use your data or pass it to any other party for marketing products or services to you unless you have given your consent.

Our full privacy notice explains how we use your data in more detail. Our privacy notice also explains the rights you have in respect of your data, including the right to request a copy of the personal data we hold about you. A copy of our full privacy notice is available on our website at www.nexusunderwriting.com, or can be provided on request by contacting us at: Data Protection Manager, 52-56 Leadenhall Street, London, EC3A 2EB, or by emailing us at compliance@nexusunderwriting.com

If you are not satisfied with the way we have managed your personal data, you may complain to the Information Commissioners Office (ICO) at www.ico.org.uk/concerns.

Name:

Signature:

Position:

Company:

Date:

Claim checklist

If your claim is of a contracting nature please provide us with the following additional information, for each contract, if there is more than one.

- Copy of the contract
- Confirmation of Contract Value
- Start date of Contract
- Date of practical completion for the contract
- Was the contract completed to the full value
- Defects/ maintenance period
- Contracted terms of payment
- Copy of last application issued
- Copy of last payment certificate issued
- If contract completed, a copy of the final account showing adjustment of provisional sums together with any variations.

Please confirm if you have provided the following items. By including as much of this documentation with the claim form as possible you will enable us to process your claim more quickly. Failure to do so may result in your claim being returned.

Please note that all the requested information must be received within 6 months of the date of insolvency or default in order for your claim to be assessed.

1) A customer transaction history statement in the form of an accounts system print out

Yes No

2) A statement detailing all the unpaid amounts

Yes No

3) Copies of the unpaid invoices (please provide a sample if more than 10)

Yes No

4) A copy of any status report used to justify your discretionary limit

Yes No

5) Details of any third party collection action you have instructed

Yes No

6) The outcome of Retention of Title enquiries and copies of credit notes raised in respect of retrieved goods

Yes No

If you are claiming due to the insolvency of your customer

1) Details of the insolvency, including the firm, date of appointment and form of insolvency

Yes No

2) Confirmation of debt from the Insolvency Practitioner. For liquidations this must show the amount admitted to rank as an unsecured creditor

Yes No

3) If the net claim is less than £10k a creditors listing or copy invoices and signed delivery notes

Yes No

If you are claiming due to the default of your customer

1) Proof of delivery

Yes No

2) A copy of the judgment and details of enforcement action

Yes No

Please note this checklist covers all the standard items required to assess your claim. However we do reserve the right to ask for information in addition to the above on a specific claim basis.