



Trader Claim Form

To avoid any delay in processing your claim, please ensure all sections of the claim form are completed in full. If you require any assistance in completing this form, please contact our Claims Department or speak to your Broker.

1. **Policyholder Name** _____

Policy Ref. _____

2. **Buyer Name** _____

National Identification N°. _____

CGI Reference (see Credit Limit) _____

3. **Reason for Claim** (Please tick one box)

Default Due Date _____

On Stop Date _____

Insolvency Nature _____

Date _____

4. **Account Details**

Date Buyer's account was opened _____

Payment terms agreed _____

Details of any retention of title _____

Details of any other insurance _____

Details of any other security _____

When were you first aware of a problem with the Buyer's account ?

5. **Credit Limit**

Written by CGI Amount _____

Date _____

Discretionary Amount _____

Date _____

Information used _____

6. Claim Calculation

Total amount outstanding (excluding VAT)
(whether Insured or not) _____

Total amount outstanding relating to goods delivered or services
provided within the Policy (excluding VAT) _____

Less amounts in excess of the Credit Limit _____

Subtotal _____

Less Uninsured Percentage _____% or Minimum Retention _____

Subtotal _____

Less Excess (if applicable) _____

Total amount claimed _____

7. Declaration

We declare that information given to be true and correct to the best of our knowledge and belief. We confirm all documents relating to this claim are available for inspection if required.

Signature _____ Name _____

Position _____ Date _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS IN SUPPORT OF YOUR CLAIM:

Evidence of admittance of the Debt

Copy of the documents You used to set a Discretionary Credit Limit (if applicable)

Copy of the outstanding invoices included in your claim

Sales ledger for the last 12 months of trading prior to the outstanding debt – to include all invoices raised, credit notes and payments received

In you are claiming for anything other than Goods Delivered or Services Provided please call Customer Service on 213 2741 or email to the following address credit.claims@cgi.mu for a supplemental claim form for special contracts.