



**Supplemental Claim Form for Special Contracts**

To avoid any delay in processing your claim, please ensure all sections of the supplemental claim form are completed in full. If you require any assistance in completing this form, please contact the Claims Department on 213 2741 or speak to your Broker.

1. **Policyholder's Name** \_\_\_\_\_ **Policy Ref.** \_\_\_\_\_

2. **Buyer's Name** \_\_\_\_\_ **CGI Buyer Ref.** \_\_\_\_\_

3. **Reasons for Additional information** (Please tick the relevant boxes and enter the amount being claimed)

- Binding Contract  MUR \_\_\_\_\_
- Pre-Delivery Costs & Work in Progress  MUR \_\_\_\_\_
- Consignment Stock  MUR \_\_\_\_\_
- Call-off Stock  MUR \_\_\_\_\_

**4. Additional Information Required**

Please attach the following documents for the section that you have ticked above.

**Binding Contract**

- Copy of the contract relating to the outstanding debt
- Copy orders relating to the outstanding debt

**Pre-Delivery Costs/Work in Progress**

- Copies of orders from the Buyer
- A summary of your manufacturing process
- Copies of your purchase orders for goods you have purchased to manufacture these goods
- Time sheets or similar for labour costs incurred
- Breakdown of all costs showing labour costs, delivery cost, overheads and profit

**Consignment Stock**

- Copy of the signed consignment stock agreement for this Buyer
- Copy of all stock sheets relating the outstanding debt

**Call-off Stock**

- Copy of the call-off order relating to the outstanding debt
- Copy of the call-off schedule relating to the outstanding debt

**5. Declaration**

We declare the 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 \_\_\_\_\_