



BUSINESS *Shield*

Membership No.:

Debt Collection Claim Form

1	Policy holder:	
2	Particulars of insured business:	
	❖ Postal address:	
	❖ Registration No.:	
	❖ Physical address:	
	❖ E-mail address:	
	❖ Telephone No.:	
	❖ Cellphone number of business representative:	
	❖ Fax No.:	
3	Effective date of policy:	
4	Date when debt was incurred:	
5	Details of previous submitted claims:	
6	This claim: debt collection:	
	❖ Name of debtor:	
	❖ ID of debtor:	
	❖ Amount of debt:	
	❖ Physical address of debtor:	
	❖ Telephone Number of debtor: Home:	
	❖ Work:	
	❖ Cell:	
	❖ Cause of debt: Goods sold and delivered	<input type="checkbox"/>
	Services rendered	<input type="checkbox"/>

