



BUSINESS *Shield*

Membership no.:

Debt Collection Claim Form

1.	Name of Policyholder:	
2.	Particulars of the business:	
	• Postal address:	
	• Registration no.:	
	• Physical address:	
	• Email address:	
	• Telephone no.:	
	• Cellphone no. of business representative:	
	• Fax no.:	
3.	Effective date of policy:	
4.	Date when debt was incurred:	
5.	Details of previous submitted claim:	
6.	This claim: debt collection	
	• Name of debtor:	
	• ID no. of debtor:	
	• Amount of debt:	
	• Physical address of debtor:	
	• Telephone no. of debtor: Home:	
	Work:	
	Cell:	
	• Cause of debt: Goods sold and delivered:	<input type="checkbox"/>
	Services rendered:	<input type="checkbox"/>

7. A detailed statement concerning your claim:

8. Documents attached:

- A) Purchase/Service Agreement:
- B) Quotation:
- C) Invoice:
- D) Payment Receipt:
- E) Acknowledgement of debt:
- F) Letter of demand:
- G) Other: Please specify:

	Yes	No
A) Purchase/Service Agreement:		
B) Quotation:		
C) Invoice:		
D) Payment Receipt:		
E) Acknowledgement of debt:		
F) Letter of demand:		
G) Other: Please specify:		

I, hereby, certify that the above information is to the best of my knowledge true and correct and fully understand that this claim may be repudiated in the event that I have intentionally provided Trustco Insurance with false information.

Signature of person submitting claim: _____

Name and Surname: _____

Date: _____

