

**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

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: _____

When finish filling in form and you details are correct, click the submit button.

