



**BUSINESS CARD LIABILITY WAIVER INSURANCE CLAIM FORM**

**Please return completed form to:**

BCLW@jltgroup.com  
JLT Specialty Limited  
The St Botolph's Building  
138 Houndsditch  
London EC3A 7AW  
  
Direct Tel: +44 (0)20 7528 4642  
Direct Fax: +44 (0)20 7558 3734

**A. INSURED DETAILS**

Name and address of your Bank

Bank Contact Name

Telephone Number

Policy Number

Date

Name and address of your Company

Telephone Number

Contact Name

Company Business or Occupation

**B. DETAILS OF LOSS**

Name of Cardholder

Card Number (first 6 and last 4 digits only)

Date of joining the Company

**Note:** If more than one cardholder is involved, please complete a claim form for each and submit all together.

Amount Claimed

What references were taken when the Cardholder was employed?

**C. CIRCUMSTANCES OF LOSS**

Date of discovery of Loss

Date of Loss

Circumstances in which the loss was discovered



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Summary of fraud (use a separate sheet if necessary)

What action has been taken to recover the loss?

Has the loss been reported to the police?

YES/ NO

Crime Reference Number

Date reported

Has an arrest been made?

YES/ NO

### D. SYSTEM OF CHECKS

Please give full details of the system in force at the time for checking the Business Card account of the Cardholder

When was the Cardholder's account last checked and found in order?

Who last checked the cardholder's account? (Please include job title)

Had previous irregularities been detected? If yes, please give details

Does the Cardholder admit responsibility for the fraud? Has any explanation been given?

What sums are due to the Cardholder from the Company? (These will be deducted from any final settlement)

Is the loss covered by any other insurance policy? If yes, please provide details of the insurer and the policy number

Is the Cardholder a member of a Pension or Benevolent Fund?

YES/ NO

If yes, is any refund of contributions provided. Please give the amount

**USE A SEPARATE SHEET TO PROVIDE ANY ADDITIONAL INFORMATION WHICH MAY BE RELEVANT TO THE CLAIM.**



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### E. ESSENTIAL DOCUMENTATION

Please include the following with your claim submission: sales vouchers; invoices; monthly bank statements; and any other supporting documentation that substantiates the claim and demonstrates the amount claimed.

### F. MINIMUM STANDARDS OF CONTROL

Has the Card been placed upon the lost/ stolen card list with the Bank?

YES/ NO	Date
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Has the Cardholders' employment been terminated?

YES/ NO	Date
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Has the Company written to the Cardholder instructing him/her to pay all outstanding charges to the Bank and informing him/her to stop all card use?

YES/ NO	Date
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Has the Card been retrieved and returned to the Bank?

YES/ NO	Date
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Have any payments for outstanding charges been received

Amount	Date
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### DECLARATION

I declare that the information given is true, to the best of my knowledge and belief.

I declare that to the best of my knowledge, no person other than the Company has any interest in the charges incurred or by any fraud or wilful misrepresentation seeks unjustly to benefit from this claim.

Signed

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Name

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Position in Company

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Date

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