BUSINESS CARD LIABILITY WAIVER INSURANCE CLAIM FORM

Please return completed form to: Email address: BCLW@Bellwoodprestbury.com

Bellwood Prestbury Limited | Honeybourne Place, Jessop Avenue, Cheltenham, GL50 3SH, United Kingdom

Tel: +44 (0) 1242 584558

A. ABOUT YOUR BANK:

NAME OF BANK / INSURED DETAILS:

BANK CONTACT NAME:

POLICY NUMBER:

B. ABOUT YOUR BUSINESS:

NAME AND ADDRESS OF COMPANY:

TELEPHONE NUMBER:

CONTACT NAME:

COMPANY BUSINESS OR OCCUPATION:

C. DETAILS OF CARDHOLDER:

NAME OF CARDHOLDER

LAST FOUR DIGITS OF CARD NUMBER

Please ensure to blank out the full card number, leaving only the last 4 digits on any documents that you send us.

DATE THE CARDHOLDER JOINED THE COMPANY:

WHAT REFERENCES WERE TAKEN WHEN THE CARDHOLDER WAS EMPLOYED:

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

D. DETAILS OF CLAIM - PLEASE USE A SEPARATE SHEET IF NECESSARY

AMOUNT CLAIMED

CIRCUMSTANCES IN WHICH THE LOSS WAS DISCOVERED

DATE THE LOSS WAS DISCOVERED

PERIOD OF CARDHOLDER MISUSE

E. SUMMARY OF CARDHOLDER MISUSE

PLEASE PROVID SUMMARY AND WHAT ACTION HAS BEEN TAKEN TO RECOVER THE LOSS:

HAS THE LOSS BEEN REPORTED TO THE POLICE:

CRIME REFERENCE NUMBER:

DATE REPORTED:

HAS AN ARREST BEEN MADE:

F. 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 CARDHODLERS 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? IF YES, IS ANY REFUND CONTRIBUTION PROVIDED. PLEASE GIVE THE AMOUNT.

HAVE ANY PAYMENTS FOR OUTSTANDING CHARGES BEEN RECEIVED?

G. MINIMUM STANDARDS OF CONTROL

HAS THE CARD BEEN PLACED UPON THE LOST/STOLEN CARD LIST WITH THE BANK:

YES / NO	DATE:

HAS THE CARDHOLDERS EMPLOYMENT BEEN TERMINATED

YES / NO	DATE:

HAS THE COMPANY WRITTEN TO THE CARDHOLDER INSTRUCTING THEM TO PAY ALL OUTSTANDING CHARGES TO THE BANK AND INFORMING THEM TO STOP ALL CARD USE?	
HAS THE CARD BEEN RETRIEVED AND RETURNED TO THE BANK?	YES / NO DATE:

H. ESSENTIAL DOCUMENTATION

PLEASE INCLUDE THE FOLLOWING WITH YOUR CLAIM SUBMISSION:

*MONTHLY BANK STATEMENT - Please ensure to blank out the full card number, leaving only the last 4 digits on any documents that you send us.

*INVOICES AND/OR SALES RECEIPTS

*ANY OTHER SUPPORTING DOCUMENTATION THAT SUBSTANTIATES THE CLAIM AND DEMONSTRATES THE AMOUNT CLAIMED

I. 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:	
NAME:	
POSITION IN THE COMPANY:	
DATE:	