



BUSINESS CARD LIABILITY WAIVER INSURANCE CLAIM FORM

Please return completed form to:

Email address: BCLW@KMDastur.co.uk

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 PROVIDE 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
CARDHOLDERS 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: