



## BUSINESS CARD LIABILITY WAIVER INSURANCE CLAIM FORM

**Please return completed form to:**

Email address: [BCLW@Bellwoodprestbury.com](mailto: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 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: