

Bankruptcy Claim Form



Personal Details (To be completed by the Insured)

Loan Account Number:		
Name:		
Address:		Date of Birth:
Phone: Home ()	Business ()	Mobile ()
Business Name:	Trading Name:	
Business Address:		
Start Date of Trading as this Business:		
Accountant Name & Address:		
Court where you were Adjudged Bankrupt:		Date Adjudged Bankrupt:

Bankruptcy Declaration (must be signed by the Insured)

I declare that the information given above is true and complete.

I understand that all claim payments will be made to my financiers.

I hereby authorise any authority to disclose to Southsure Assurance Limited any and all information concerning my bankruptcy/business history. A photocopy of this authorisation shall be as valid as the original.

I agree to meet any costs associated with obtaining this information.

I authorise the disclosure of personal information held by other parties which relate to this claim.

I agree to Southsure Assurance Limited disclosing to other parties personal information regarding this claim.

I authorise any licensed Private Investigator instructed by you to make enquiries into my claim to ake such audio transcription, photographic or video surveillance as might be necessary for your proper assessment of my claim, such audio transcriptions, photographic or video surveillance may be carried out without my prior knowledge or any other consent.

Full name of Insured_____

Signature of Insured_____ Date ____/____/____