Swiss Re

TradeCollect/TradeLegals Reimbursement Form

Swiss Re International SE, Australia Branch ABN 38 138 873 211 AFSL 355 088

Name of insured			
Policy number			
Debtor's name			
Debtor's ACN/ABN			
Total legal expenses incurred	$	(exclusive of GST)	
Detailed breakdown of expenses:	Nature of expense	Amount $ (ex GST)	GST amount $
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
Did you obtain a costs order in your favour?	Yes No	If 'Yes', please provide full details including any money received from the debtors for such costs.	
If 'Yes', how much?	$		
Collection agent and/or solicitors used			
Date debt placed *(dd/mm/yyyy)*			
Amount claimed	$		
We wish to seek reimbursement of our debt collection fees associated with the above loss that we have incurred. We attach evidence of all expenses incurred (e.g. invoices) along with confirmation of payment (e.g. statement or receipt) in endeavouring to collect the amount owed to us by the above debtor.			

Declaration of insured and signature

We authorise you to obtain any details from our collection agent and/or solicitors in relation to this matter. The information given herein and the attachments are to the best of our knowledge and belief true and correct in every particular.			
Full name of company			
Signature of authorised signatory		Date *(dd/mm/yyyy)*	
Name of authorised signatory			
Position in company			