



Notification of Overdue Account with Request for Intervention (Claim) Form

In accordance with the Coface Trade Credit Insurance Contract

| | |
|--------------------|---|
| The Insurer | Compagnie Francaise d'Assurance pour le Commerce Extérieur ("Coface Australia").Coface Australia A.R.B.N. 130 761 116 |
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Please email this to: cofaceoverdues@nci.com.au **with the following details:**

Please complete all sections and continue on a separate sheet if required.

Please do not leave any questions unanswered.

Please note that if the information below is incomplete, this may lead to a delay in the processing of your notification.

| INSURED DETAILS | | | |
|---------------------------|--|------------|--|
| Insured name | | | |
| Contract number | | | |
| Contract name | | | |
| Telephone | | Fax | |
| Email | | | |
| Invoices issued by | | | |

| BUYER DETAILS | | | |
|----------------------------------|---|--|----------|
| Buyer name | (including trading style, if appropriate) | | |
| Contact name | | | |
| Coface buyer ref. | | | |
| Credit Limit | <input type="checkbox"/> Endorsed | <input type="checkbox"/> Discretionary | Amount : |
| Street Address | | | |
| Suburb/City | | Postal Code | |
| State | | Country | |
| Business Registration No. | | ACN (Aust. Buyers only) | |
| Telephone | | Fax | |
| Email | | | |



1. Insured to declare the full debt exposure on the buyer even for invoices that are not yet due.
2. Insured must submit the following documents together with the notification / intervention form;
 - All outstanding invoices related to this matter
 - Statement of account for the 12 months prior to the last transaction,
 - Copy of all relevant correspondence (in particular buyer communications),
 - Details of all efforts to collect the monies to date,
 - Copy of Credit Application / Conditions if Sale / Guarantees held,
 - If the debtor is insolvent, details on action taken to enforce Retention of Title
 - If the debtor is insolvent, any available evidence of insolvency

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 - Any notices from your bank advising that the Payments due have been dishonored,
 - Any outstanding bill(s) of exchange, promissory notes or drafts,
 - All bill(s) of lading or airway bill(s) relating to unpaid invoices
3. **Discretionary Limit-** If you answer 'yes' to any of the below please provide copies of relevant reports or information.

| | | | |
|---------------------------------|--|----------------------------|--|
| Was credit approved relying on; | | Status Report/Trade Report | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trading Experience | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Report | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trade Reference | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any other relevant details | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION

I declare to the best of my knowledge and belief, that the above details are true and complete and that no information has been withheld that may influence this claim. I confirm that I will advise Coface Australia of any changes of circumstances in this notification. I also declare that this notification is not the subject of a dispute.

| | | | |
|------------------|--|-----------------|---------------------|
| Signature | | Date | / / (dd/mm/yyyy) |
| Name: | | Position | |

No of pages:
(including this one)

If unable to transmit to the email address above please fax this claim form to:
Coface Australia
Claims Department
Fax: +61 (0)2 9262 1323

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