

Claim

Please ensure that you submit the claim in accordance with the terms of your policy. If you experience any difficulty in completing this form please contact your Account Manager, or your Broker. Please return the completed form to us.

1. Your details

Name	Address
Postcode	Contact
Phone number	Fax number
Policy type	Policy number
Notification of non-payment/probable loss Ref. No.	Collections ref number If known, please quote all reference numbers

2. Buyer's details

Name	Address
Buyer No. (If known, please quote all reference numbers)	Country
CRO No. (Please provide details of the CRO Number if known for UK buyers)	

3. Description of goods/services

4. Nature of loss

Have goods/services been delivered and accepted? Yes No

Other
(Please specify)

5. Amount of loss

Total overdue less deductions
(See part 7. Please state currency)

6. Claim details

(Please state currency)

Total contract value

Date of contract

Terms of payment

Amounts owing and date(s) of despatch of goods/services rendered including original due dates and extended due dates
(Please use a separate sheet if necessary)

Currency	Value	Date of despatch	Due date	Extended due dates
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Were any extended due dates agreed by us or as allowed by the Policy?

Yes

No

7. Specified deductions

Any amount which the buyer is entitled to credit by way of payment, credit, set off, counter claims or otherwise.

Any amount which you are entitled to credit towards the amount owing.

Any other sum recovered from any source including realisation of any security or resale of goods or materials.

Any expenses saved by non-fulfilment of the contract or otherwise e.g. Agent's commission.

8. Declarations of business

Amount declared

Month and year

On contract

(Where pre-credit risk cover is held)

<input type="text"/>	<input type="text"/>
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On goods despatched/services invoiced

<input type="text"/>	<input type="text"/>
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9. Credit limit

Please tick as appropriate

Approved

Date of approval

Amount of approved credit limit

Conditions

First contract

Based on trading experience

Credit check

Based on reports

10. Checklist of information required in support of your claim

We have included the following

If any information cannot be supplied please give reasons. Documents not in English should be translated. Please tick if applicable.

- | | |
|---|--------------------------|
| a. Summary of the circumstances giving rise to the loss | <input type="checkbox"/> |
| b. Correspondence relating to the debt and attempts to recover it | <input type="checkbox"/> |
| c. Contract with the buyer e.g. the buyer's order and acknowledgment thereof | <input type="checkbox"/> |
| d. The invoices | <input type="checkbox"/> |
| e. Evidence of despatch e.g. carrier's receipt, Bill of Lading or equivalent | <input type="checkbox"/> |
| f. Advice of acceptance of any Bills of Exchange and non-payment thereof and copy of the protest deed | <input type="checkbox"/> |
| g. Copies and/or details of any security held and details of attempts to realise or invoke such security | <input type="checkbox"/> |
| h. Statement of Account from 6 months prior to despatch of items under claim to date.
Please show invoice number/value, date of despatch, due date and date paid | <input type="checkbox"/> |
| i. If credit limit was established under discretionary provisions the information on which
the assessment was reached | <input type="checkbox"/> |
| j. Evidence of insolvency including registration of debt; completed proxy form | <input type="checkbox"/> |
| k. Invoices and correspondence relating to resale of goods | <input type="checkbox"/> |
| l. Evidence of acceptance of invoices/monthly certificates – services only | <input type="checkbox"/> |
| m. Details of any other commitments in relation to your claims e.g. performance bonds, forward exchange
contracts financing or factoring arrangements | <input type="checkbox"/> |

11. We declare that

a. We have suffered a loss, particulars of which are as stated.
We have not entered into any other contract of insurance or indemnity in respect of the loss.

b. We are not aware of any mortgage, charge or assignment of any kind or of any sums, credits, indemnity or security of any kind or in any rights against any agent or other third parties which relate in any way to the loss.*

c. We have no interest, including financial interest, in the buyer nor have they any such interest in our business.**

d. We believe the information contained herein to be true and correct in every particular and certify that the copies of documents supplied are also true and correct in every particular.

e. We are in a position to take all steps which the Insurer may require at any time to effect recoveries after payment of claim.

f. We agree that if any claim is made by us which is in any way false or fraudulent, the Policy shall become void and all claims thereunder shall be forfeited.

We accordingly claim payment of the Policy percentage of the amount claimed.
The cheque in settlement should be made payable to: ***

Signature

Capacity of signatory †

Name ††

on behalf of

Date

* If you are aware of any such circumstances please provide full details.

** If any such interest exists, please provide full details.

*** Is payment assigned to a third party or other financial institution? e.g. Bank or Factor

† Authorised officer

†† Block capitals