



(A joint venture between of State Bank of India and Insurance Australia Group)

Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

CLAIM FORM — TRADE CREDIT INSURANCE

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Policy Number _____ Period of Insurance _____ to _____

Claim Number _____

A. DETAILS OF INSURED/CLAIMANT:

Name of the Insured _____

Address _____

City _____ State _____ Pin Code _____

Phone Number : _____ Mobile Number _____ Email ID _____

Trade or Business _____ Date of Last Premium Paid _____

Limits of Indemnity under the policy _____

B. DETAILS OF LOSS:

1. Date claim made: / /20

2. Details Of Overdues

OVERDUE AMOUNT					PAYMENTS OR CREDIT NOTES		
Invoice Ref	Inv. date	Due Date	Cur	Amount	Amount	Date	Remarks
Net Outstanding Amount					(Excluding tax/VAT if any)		
(As per the Statement Of Account)							

Reasons for Non Payment

Cash Flow problem

Insolvency

Bank transfer delay

Trade Dispute

Others (specify) _____

Other details

Measures taken so far to effect recovery: _____

Securities held against the debtor: _____

What is the usual terms of payment given to the buyer? _____ days

Have you applied for an extension of terms with this buyer previously? Yes No

Authorized signatory

Important

1. Insured has to declare the full debt exposure on the buyer even for invoices that are not yet due.
2. Insured has to submit the following documents together with the notification of overdue account form.
 - * Invoices
 - * Statement of account
 - * Sales contract/purchase order
 - * Bill of Lading / Delivery Receipt
3. Intervention fee payable.

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Insured's Signature with Company Seal

Date:
