

## TRADE CREDIT INSURANCE CLAIM FORM

### 1. Policy

Policy Number \_\_\_\_\_

Insured's name as appearing on the Policy Schedule: \_\_\_\_\_

Name of claimant, if different from the Insured's name: \_\_\_\_\_

### 2. Buyer

Please provide the following details about the Buyer that you are claiming against:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Registered number: \_\_\_\_\_

### 3. Circumstances of the Loss

How and when did you first become aware that a Loss might occur? \_\_\_\_\_

\_\_\_\_\_

What was the Date of Loss? \_\_\_\_\_

What goods and/or services did you supply? \_\_\_\_\_

What was the Contract Currency? \_\_\_\_\_

What is the gross amount of the debt in the Contract Currency? \_\_\_\_\_

What is the net amount of your Loss as calculated below? \_\_\_\_\_

	Contract Currency
<b>Total Value of Eligible Shipments, less:</b>	
Discounts or other similar allowances and concessions	
Amounts which prior to the date of payment of a claim by the Insurer the Insured has received from any source whatsoever as or towards payment for the Eligible Shipments, including realisation of any security and recovered or returned goods and resale of the goods	

Expenses saved by the Insured by the non-payment of agent's commissions, non-fulfilment of the Contract of Sale or otherwise	
Amounts which the Buyer would have been entitled to deduct by way of credit, set-off or counterclaim against the Insured	
Sales, value-added, or other taxes	
Amount in excess of the Credit Limit	
<b>Net loss</b>	

What is the reason for your claim? (Please tick the applicable reason. Your Policy may cover one or more of the following causes of loss).

☐ Insolvency? If so, please provide evidence of insolvency

- ☐ Default?
- ☐ Transfer loss?
- ☐ War?
- ☐ Government Action?
- ☐ Public Buyer Default?

When did you first notify Markel of the Loss? \_\_\_\_\_

#### 4. The Buyer's Account

When was the account first opened? \_\_\_\_\_

Is the claim against: ☐ a Credit Limit specified on a Markel International Endorsement?  
☐ a written Credit Limit set by you in accordance with your Credit Management Procedures?

How was credit-worthiness assessed (refer point 9 attachments)? \_\_\_\_\_

How much was the Credit Limit? \_\_\_\_\_

Please provide details of any changes & dates and amounts of changes to the Credit Limit in the 12 months before the earliest invoice now unpaid. \_\_\_\_\_

Who approved the Credit Limit? \_\_\_\_\_

When and how were the full contractual terms of payment agreed? \_\_\_\_\_

How was the payment obligation evidenced? e.g. invoices and contract (for open account), bills of exchange, promissory notes, letter of credit: \_\_\_\_\_

Was there a third-party corporate guarantee of payment? ☐ Yes ☐ No

If yes, please provide details including your internal risk assessment of the guarantor and authorisation documents.

Was other security held, such as reservation of title

personal guarantees, fixed charges? ☐ Yes ☐ No

If yes, please give details of the type of security \_\_\_\_\_

Has the security been exercised? ☐ Yes ☐ No

If not, why?

## 5. Trading Experience with the Buyer

Please provide details of your monthly transactions including:

- (i) balances with this debtor for twelve months prior to the earliest outstanding amount, or if more recent, from the date when the account was first opened; and
- (ii) transactions during the period of amounts outstanding under the claim; and
- (iii) please detail any trading post the Date of Loss, including cash sales.

Were any Bills of Exchange, cheques or other payment instruments dishonoured on presentation during this period? If so please provide details: \_\_\_\_\_

Month / Year of delivery	Invoice Totals	Payments Received	Credit Notes Issued	Month-end Balance
Opening Balance				


Were any bills of exchange, cheques, or other payment instruments, not forming part of the claim, dishonoured on presentation during this period? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

Was the account rescheduled during the 12-month period prior to the ☐ Yes ☐ No

Date of Loss?

If yes, please provide details: \_\_\_\_\_

## 6. Collection History

When and how was the Buyer first contacted about the debt? \_\_\_\_\_

When and how was subsequent contact made? \_\_\_\_\_

Was the debt passed for collection to an external party? ☐ Yes ☐ No

If yes, on what date was the debt passed for collection? \_\_\_\_\_

Please give the name, address and telephone number of the external party used and summarise the actions that they have taken: \_\_\_\_\_

If you held a third-party corporate guarantee of payment, and/or other security, please summarise the steps that you have taken to enforce them: \_\_\_\_\_

## 7. Outstanding Amounts

Please provide a breakdown by month of all amounts making up your claim, in Contract Currency.

Month / Year of delivery	Due Date	Net Value	VAT or equivalent	Gross Value

## 8. Confirmation of Debt

Please note that in order to finalise payment of your claim, we need to have confirmation of the amount of the Loss, from an independent, official source, as defined in the Policy.

## 9. Attachments

Please provide the following documents to help us assess your claim

Evidence of Insolvency	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Official notice of the cause of Loss	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Copies of invoices	<input type="checkbox"/> Attached	Too numerous

If the credit limit was not set by Markel International:-

- Copies of all documentation used by you to set the Credit Limit including financial information ☐Attached ☐n/a
- A copy of your internal written approval ☐Attached ☐n/a
- Copy of the Credit Limit history
- A copy of a third party corporate guarantee if applicable ☐Attached ☐n/a

If other security was held, copies of the documents ☐Attached ☐n/a

If bills of exchange or promissory notes were used,

- Copies of the documents: ☐Attached ☐n/a
- Evidence that they were protested ☐Attached ☐n/a

Evidence of the actions that you took to chase the Buyer for payment ☐Attached ☐n/a

A copy of the final statement of account ☐Attached ☐n/a

☐Attached ☐n/a

Confirmation of Debt

Copies of all correspondence with the insolvency Practitioner ☐Attached ☐n/a

Any additional information you deem relevant ☐Attached ☐n/a

**Please note that we may need to ask for further documents and information.**

## 10. Declaration

I declare that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name of signatory: \_\_\_\_\_

Position in company: \_\_\_\_\_

For and on behalf of:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_

**When you have completed and signed this form, please forward it to:**

Trade Credit Insurance Team  
Generali Central Insurance Company Limited  
Address: Unit No. 801 & 802, Tower C, 247 Embassy Park, LBS Marg,  
Vikhroli (West), Mumbai – 400083  
CIN: U66030MH2006PLC165287  
E-mail: [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com)  
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**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800