



crediteureka

SAMPLE CLAIM FORM TRADE CREDIT INSURANCE

(Please complete entire form below)

1. INSURED'S INFORMATION

Name: _____
Address: _____
Contact Name _____ Email Address: _____
Telephone _____

BROKER: _____
Address: _____
Contact Name _____ Email Address: _____
Telephone _____ No: _____

IF A BANK BENEFICIARY: _____
Address: _____
Contact Name _____ Email Address: _____
Telephone _____

2. COVERAGE

Policy No: _____
Policy Period: _____
Buyer Name: _____
Buyer Country: _____

Date Account Opened With Buyer: _____
If Insolvent, Insolvency Date: _____
Buyer Limit: _____ ("X" if yes) or
If Not Insolvent, First Default Date: _____

3. DETAILS AND AMOUNT CLAIMED

Contract Currency: _____
Total Gross Amount of Invoices Outstanding: _____
Less:
Partial payments _____
Eligible discounts _____
Offsets _____

Total Amount Claimed:

4. DOCUMENTATION CHECKLIST

Submit any and all documentation that is pertinent to the loss and establishing coverage under the Policy. The below checklist includes, but is not limited to, documents that are commonly required to complete a review of your claim.

1.1 Statement of Account with the Buyer which lists all outstanding invoices. Please ensure that the statement

includes the following transaction details:

Invoice Number(s)	Shipment Date(s)	Invoice Date(s)	Gross Invoice Value	Terms of Payment	Due Date(s)	Amount Part Paid (if any)

If you would like to manually fill out the information, please use Attachment A.

2.1 Past Payment History (the "Ledger Experience") which lists all past payment experience with the Buyer for the periods specified under the Policy. Generally, all past payment experience that is one year prior to Policy Inception date is sufficient. Please ensure that the statement includes the following transaction details:

Invoice Number(s)	Invoice Date(s)	Gross Invoice Value	Terms of Payment	Due Date(s)	Amount Paid	Date(s) of Payment	Days Late

3.1 Contract of Sale

- Enclose copies of all invoices, purchase orders, and shipping documents.
- If the contract includes debt instrument (such as promissory notes, bills of exchange, guaranties or other relevant agreements), please enclose **copies only**. Please retain and maintain all original negotiable debt instruments.

4.1 Correspondence and File Notes

Any written emails, letters, file notes to and from the Buyer, guarantor, obligor, recovery agent showing steps taken to effect collection and to mitigate the amount of the loss.

In case of an Insolvent Buyer, please submit documentation evidencing such Insolvency and, where applicable:

- the Insured's proof of claim as required by the bankruptcy court, and
- a list of creditors showing your company as a named creditor, if available.

5. Discretionary Credit Limit (DCL)

If qualification for coverage is under the DCL, please submit the documentation supporting extension of credit to the Buyer. This might include, but may not be limited to, the Past Payment History detailed under Item 2. above, written third party credit reports/information, and the written limit for the Buyer established by the Insured.

5. REPRESENTATIONS & WARRANTIES OF THE INSURED

We hereby warrant and certify:

- That there is not outstanding and unsettled any dispute raised by the Buyer regarding the amounts outstanding and claimed hereunder.
- That except for the discounts and the allowances set forth in Section III. above, we have not granted or paid, nor assumed a future obligation to pay, any discount, allowance, rebate, commission, fee or other payment in connection with the amounts outstanding to any party.
- That we agree to execute the Release and Assignment form prescribed by the Company.
- That a valid and enforceable obligation exists against the Buyer.

I hereby warrant and certify that we have complied with the terms and conditions of the policy under which this claim has been submitted, that the information furnished herein is true and correct, and no material fact relating to the transactions hereinabove described has been withheld.

I agree to submit such additional information to, and take such action as may be requested by, the Company pursuant to the policy and to execute the release and assignment form prescribed by the Company.

(Name of Insured)

Signature of Authorized Representative

Print Name: _____

Title: _____

Date: _____

