

Please complete all sections as fully as possible using BLOCK CAPITALS and continue on a separate sheet if required. Please do not leave any questions unanswered.

Date of notification (1):

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1 YOUR POLICY DETAILS

1.1 Policyholder name:	
1.2 Policy number & policy suffix:	
1.3 Contact name:	
Telephone number:	Fax number:
Email address:	
1.4 Invoices issued by (2):	
1.5 Maximum Initial Credit Period:	
1.6 Extension Period:	

2 BUYER DETAILS

2.1 Buyer name (including trading style, if appropriate):	
2.2 Contact name:	
2.3 Coface Buyer Reference:	
<input type="checkbox"/> If using a discretionary facility, please tick box (not applicable for Top Trader, Cashflow Trader or Managed Trader policies)	
2.4 Address:	
2.5 Registration number (If unlimited, please give the full names of proprietor / partners):	
Telephone number:	
2.6 Name & address for invoices (if different from address above):	

3 REPORTABLE TRANSACTIONS (if there is insufficient space, please enter the TOTALS and use a separate sheet to detail individual transactions)

Invoices					Payments / credit notes (3)		Comments
Invoice reference	Invoice date	Invoice due date	Currency	Gross amount (inc.VAT)	Gross amount (inc.VAT)	Date	
Gross totals (inc.VAT)							

(1) Date Coface received your notice of insolvency, non-payment
 (2) If different from name of policyholder
 (3) Indicate in the 'Comments' column whether Payment or Credit Note

4

TWELVE MONTHS TRADING STATEMENT WITH YOUR CUSTOMER

Month and year	Invoices issued	Credit notes	Payments received	Dishonoured payments (4)	Month end balance	Outstanding balance (5)	Payment terms
					c/f (6)	c/f	
Totals							

5

CLAIM DETAILS

Nature of claim: (please tick the appropriate box)

Insolvency

Default

Transfer delay

Political risk

Checklist of supporting documents: (please tick)

Protracted Default – please submit:

Invoices (showing contractual terms, if not, please provide terms and conditions)

Proof of delivery (if not available, please provide other proof of debt)

Completed twelve months trading statement with this customer (refer to part 4 of this claim form) and a summary of circumstances giving rise to loss

Correspondence in relation to the debt

Transfer Delay: evidence of local currency deposit and administrative actions having taken place (if applicable)

Discretionary Limit justification (if applicable)

Insolvency – in addition to the above documents listed under Protracted Default, please also submit:

Confirmation of practitioner's appointment

Details of your Retention of Title (ROT) clause (please attach copy inventory and copy ROT clause)

Proxy Form – unsigned

Assignment document – signed

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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 undertake to advise Coface of any changes of circumstances in this claim, including any recoveries.

Signature: _____

Number of pages (inc. this one): _____

Date: _____

Name: _____

Position: _____

Please send this claim form to:

Coface UK, Collection & Claims Department

Fax: 020 7422 0707

Email: claims_collections@cofaceuk.com

(4) Show whether any payments have been dishonoured

(5) Please use this column to show how the outstanding debt was built up each month over the twelve month period

(6) Carried forward from previous year