

# Trade credit insurance Claim form

QBE Insurance (Singapore) Pte. Ltd. Reg No. 19840163C



Please email this form and all details required to [qbetc.claimsubmissions@qbe.com](mailto:qbetc.claimsubmissions@qbe.com).

| Your claim |   |            |                    |                                     |
|------------|---|------------|--------------------|-------------------------------------|
| 1.         | Name of insured (or joint insured)  |            |                    |                                     |
|            | Policy number   |            |                    |                                     |
| 2.         | Buyer information - the debtor  |            |                    |                                     |
|            | Company name (legal name)   |            | Registration no.   |                                     |
|            | Address   |            |                    |                                     |
|            | Postcode  |            | City               |                                     |
|            | State   |            | Country            |                                     |
|            | Contact name  |            |                    |                                     |
|            | Email   |            | Telephone          |                                     |
|            | Debtor's industry   |            |                    |                                     |
| 3.         | Claim details   |            |                    |                                     |
|            | Type of loss  | Insolvency | Protracted default | Contract repudiation Political risk |
|            | Date of loss or insolvency<br>(dd/mm/yyyy)  |            |                    |                                     |
|            | Have you lodged your debt with the insolvency practitioner?   | Yes        | No                 |                                     |
|            | Has the debtor raised any dispute or complaint in regard to this contract?  | Yes        | No                 | If 'Yes', please give details       |
|            |   |            |                    |                                     |
|            | Total amount owed by the debtor   |            | Currency           |                                     |
|            | Amount claimed under the policy<br>(please take into account the permitted credit limit, Insured percentage and any items not covered by your policy) |            | Currency           |                                     |

| General information and securities |   |  |
|------------------------------------|---|--|
| 4.                                 | Do any of the following apply to this account?<br>If 'Yes', give details including all documentation and advise what action you are taking to enforce your rights |  |
|                                    | (a) Retention of title  |  |
|                                    | (b) Personal guarantee / other security   |  |
|                                    | (c) Contra trading or set-off   |  |
|                                    | (d) Number 2 account / cash sales   |  |
| 5.                                 | Date account first opened on credit terms (dd/mm/yyyy)  |  |
| 6.                                 | Terms of payment agreed with debtor (please be specific)  |  |
| 7.                                 | (a) Was credit approved under a credit limit endorsement?<br>If 'Yes', provide copy of endorsement.<br>If 'No', refer to (b)                                      |  |
|                                    | (b) Was credit approved under an available discretionary credit limit?      Yes      No   |  |
|                                    | If 'Yes', was credit granted relying on:  |  |
|                                    | (i) Trading experience  |  |
|                                    | (ii) Trade references   |  |
|                                    | (iii) Business information report   |  |
|                                    | (iv) Bank report  |  |
|                                    | (v) Other information used in credit assessment   |  |
|                                    | If 'Yes' to any of (i) to (iv) above, provide copies of relevant reports or information. Use back page if additional space is required.                           |  |

**Additional information**

8. What specific action, including legal action, was taken from the date the account became reportable to the date of insolvency, in pursuing the debtor for payment of the outstanding debt? Was the debt passed to a collection agent? Please provide all relevant copy documents.

9. Details of all unpaid invoices / credit notes (If necessary continue on a separate sheet with the same headings)

| Invoice / credit note number | Shipment / services rendered date (dd/mm/yyyy) | Issue date (dd/mm/yyyy) | Due date for payment (dd/mm/yyyy) | Currency | Amount including Tax | Rate of exchange used for conversion to policy Currency for declaring turnover of transactions | Taxes, retention monies & Other policy exclusions |
|------------------------------|--|-------------------------|-----------------------------------|----------|----------------------|--|---|
|                              |  |                         |                                   |          |                      |  |   |
|                              |  |                         |                                   |          |                      |  |   |
|                              |  |                         |                                   |          |                      |  |   |
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|                              |  |                         |                                   |          |                      |  |   |
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|                              |  |                         |                                   |          |                      |  |   |
|                              |  |                         |                                   |          |                      |  |   |
| <b>Totals</b>                |  |                         |                                   |          |                      |  |   |

Copies of all outstanding invoices to be provided. If in excess of 20 in number, provision of the last 20 will suffice for initial claim assessment. Please also provide all invoices to which credit notes relate together with copies of the relevant credit notes.

| 10.   | Ledger reconciliation for the 12 month period prior to the oldest unpaid invoice |   |  |                   |
|---|--|---|--|-------------------|
|   | Month of invoice/shipment/<br>services rendered (mm/yyyy)                        | Total amount invoiced in the<br>month (including taxes) | Date by which monthly amount<br>cleared/paid | Days credit taken |
|   |  |   |  |                   |
|   |  |   |  |                   |
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|   |  |   |  |                   |
| Please attach a copy of your ledger and/or statements covering all entries for the period commencing 12 months prior to the oldest unpaid amount up to and including the date of the last transaction with this debtor. |  |   |  |                   |

**Supporting documents**

Please send the originals or photocopies of all the documents listed below.

|     |   |  |
|-----|---|--|
| (a) | The underlying contract and order(s) relating to the outstanding invoices and your confirmation(s) of the order(s)                              |  |
| (b) | The outstanding invoices(s)   |  |
| (c) | The statements of the account for the period commencing 12 months prior to the oldest unpaid invoice and up to the date of the last transaction |  |
| (d) | All relevant correspondence (especially all communications received from the debtor)  |  |
| (e) | If the debtor is insolvent, any available evidence of insolvency (for example, a notice from the Receiver or Liquidator)                        |  |
| (f) | Copy of the relevant condition of sale  |  |

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|     |   |  |
|-----|---|--|
| (g) | Any notices from your bank advising that Payments Due have been dishonoured |  |
| (h) | Any outstanding bill(s) of exchange, promissory notes or drafts             |  |
| (i) | All bill(s) of lading or airway bill(s) relating to unpaid invoices         |  |

**Declaration of insured and signature**

We authorise you to disclose your interest in this account to the appropriate authority dealing with the debtor's affairs. On request we will complete and submit an assignment of the debt to the Insurer.

We will obtain/attach (delete as appropriate) written confirmation from the liquidator, trustee, receiver, or other appropriate authority, of the amount for which we are admitted to rank in the insolvent estate of the debtor or, in the case of any other Insured loss, we attach evidence of debt. It is acknowledged that the information/documents requested herein are those usually necessary for adjudication of a claim, but such requirements are not be construed as in any way limiting the definitions and conditions of the policy as to our duty of disclosure of material facts, information as well as to the Insurer's right to examine or obtain copies of letters, accounts or other documents in our possession or control relating to or connected with our Policy and claim.

The information given herein and the attachments are, to the best of our knowledge and belief, true and correct in every particular.

|           |  |                     |  |
|-----------|--|---------------------|--|
| Name      |  | Position in company |  |
| Signature |  | Date (dd/mm/yyyy)   |  |

