

## Claim Form

### Your claim details

Name of insured (or joint insured)		Policy number	
Your debtor's name – insured buyers correct legal entity		Policy number (if applicable)	
Debtor's industry			
Debtor's address	City	State	Zip
Telephone	Fax		
Date of loss or insolvency of debtor	Type of loss Select one		
For non insolvency claims please provide details in regard of the reason for non payment			
Has the debtor raised any dispute or complaint in regard to the terms of the contract? If yes, please give details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total amount owed by debtor	Policy currency	Amount you are claiming under the policy	
Please use the last page of this form to detail your calculation.			

### General information

Do any of the following apply to this account?			
Personal guarantee/other security		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contra-trading or set-off		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash sales		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retention of title clauses		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details including all documentation and advise what action you are taking to enforce your rights.			
Date account first opened on credit terms			
Terms of payment agreed with debtor (please be specific)			
Was credit approved under an endorsed credit limit? If yes, provide copy of endorsement. If no, refer to next question.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was credit approved under your discretionary limit? If yes, provide copy of credit file for the respective buyer.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was credit granted relying on: Please provide copies of relevant reports or information on yes answers.			
Financial information		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit report/trade report		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trading experience		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade references		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If other, please provide all pertinent details.			

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**Additional  
information**

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?  
Please provide all relevant copy documents.



**Additional information**

Ledger reconciliation for the past 12 month period prior to the oldest unpaid invoice.

Month of invoice/delivery/ work done/dispatch	Total amount Invoiced in the month (incl. application taxes)	Date by which monthly amount cleared/paid	Days credit taken

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 documents listed below, <b>otherwise your claim cannot be considered.</b>	Please check the box indicating proof is attached to claim.
The order(s) relating to outstanding invoices and your <b>confirmation(s)</b> of the order(s). Please send any evidence of the contract of sale.	<input type="checkbox"/>
The <b>outstanding invoice(s)</b> .	<input type="checkbox"/>
The statements of the account for the period commencing 12 months prior to the oldest unpaid invoice and up to the date of last transaction.	<input type="checkbox"/>
All relevant <b>correspondence</b> (especially all communications received from the buyer).	<input type="checkbox"/>
If the debtor is insolvent, any available <b>evidence of insolvency</b> . (for example, a notice from the Trustee, Receiver or Liquidator, proof of Chapter 11 filing with court)	<input type="checkbox"/>
Copy of the relevant <b>condition of sale</b>	<input type="checkbox"/>
Any <b>notices from your bank</b> advising that Payments Due have been dishonored	<input type="checkbox"/>
Any outstanding <b>bill(s) of exchange, promissory notes or drafts</b>	<input type="checkbox"/>
<b>All bills of landing or airway bill(s)</b> relating to unpaid invoices	<input type="checkbox"/>

**Declaration of insured and signature**

We authorize you to disclose your interest in this account to the appropriate authority dealing with the Debtor's affairs.

On request we shall complete and submit an assignment of the debt to QBE Trade Credit.

We shall 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 shall 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 shall 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 QBE Trade Credit's right to examine or obtain copies of letters, accounts, or other documents in our possession or control relating to or connected with this 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.

Signature	Date
Printed name of signatory	Title
Email address	

See page 6 for important state information.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

(The state-specific notices listed below supersede this notice).

**Notice to New York Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Arkansas Applicants:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to California Applicants:**

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Applicants:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana and West Virginia Applicants:**

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Maine and Tennessee Applicants:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. In Maine, penalties may include imprisonment, fines or a denial of insurance benefits. In Tennessee, penalties include imprisonment, fines or a denial of insurance benefits.

**Notice to New Jersey Applicants:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to Ohio Applicants:**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Pennsylvania Applicants:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Virginia Applicants:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Additional  
space if  
required