

1. POLICYHOLDER DETAILS

Registered company name

Policy number

Customer number

Give details of the person who is authorised to provide us with any information we may request and to discuss this claim.

Contact person

Position

Phone number

 ()

Fax number

 ()

Email address

2. BUYER'S DETAILS

Registered name of your buyer, *please include any trade styles*

Our buyer number, *if known*

3. CLAIM DETAILS

Description of goods and/or services

Total amount owed by the buyer

 \$

Currency

Buyer's country or Australian State/Territory

Aggregate declared sales to this country or Australian State/Territory in the last 12 months

Amount	Currency
<input type="text"/>	<input type="text"/>

Is the buyer disputing your right to be paid?

No Yes Give details of why the buyer is disputing your right to be paid in the space provided below.

4. NATURE OF LOSS

Have the goods been delivered and/or services invoiced?

No Yes

What is the cause of loss?

Buyer insolvent <input type="checkbox"/>	▶ Please attach the Notice of Insolvency and evidence that the Proof of Debt has been lodged in the insolvent estate.
Default <input type="checkbox"/>	
Political risk <input type="checkbox"/>	▶ Please attach any evidence and/or supporting documentation.
Pre-credit risk <input type="checkbox"/>	

5. DEDUCTIONS

Please indicate if any of the following deductions apply to this claim	No/Yes	If 'Yes', specify amount (in policy currency)
Is the buyer entitled to credit by way of payment, credit, set-off, counter-claim or otherwise?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you entitled to a credit, set-off or counter-claim towards any amount owing?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you received or recovered any other sum from any source in relation to the contract(s) subject to the claim including the realisation of any security or the resale of goods or materials?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you saved, or could you have saved, any costs or expenses by the non-fulfilment of the contract or otherwise? <i>e.g. agents commissions, etc</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>	

6. COSTS AND EXPENSES

Please detail all costs and expenses you have incurred in taking all necessary steps and actions to minimise your loss. Include here the names and details of any collection agent used.

7. CREDIT LIMIT DETAILS

Did you have a credit limit approved by Atradius?

Yes - via credit limit decision <input type="checkbox"/> Yes - via credit check <input type="checkbox"/> No <input type="checkbox"/>	Please attach a copy of the relevant credit limit approval. Give details of how you established the discretionary credit limit (e.g. payment experience, credit report) in the space provided below. Please also attach a copy of any supporting documentation.

8. OTHER DETAILS

Have you claimed, or can you claim, in relation to the contract(s) subject to this claim, under any other insurance policy, *e.g. marine, cargo, air freight, transit, product liability, professional liability, public liability or all risks policy*?

No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details in the space provided below.

Do you have another credit insurance policy under which you could make good your loss?

No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details in the space provided below.

Have you assigned the proceeds of any part of this claim to a financier or third party?

No <input type="checkbox"/> Yes <input type="checkbox"/>	Please complete the following details.		
Name of financier	Contact person		
<input type="text"/>	<input type="text"/>		
Phone number	Fax number	Email address	
() <input type="text"/>	() <input type="text"/>	<input type="text"/>	

9. CHECKLIST OF SUPPORTING DOCUMENTATION

You must include the following:

- Summary of circumstances giving rise to the loss.
- Details of, and all correspondence in relation to your loss and attempts to minimise the loss.
- Contract with the Buyer/purchase order including terms and conditions of sale.
- The Invoices.
- Evidence of delivery, *e.g. transportation dockets, carriers receipt, bill of lading or equivalent.*
- Advice of acceptance of any Bills of Exchange and non-payment thereof and copy of the protested draft.
- Copies and/or details of any guarantees and securities or information relating to a retention of title which are held in relation to the debt together with details of action taken to enforce your security.
- If the cause of loss is insolvency then we require evidence of the insolvency, including that the debt has been registered.
- If you have re-sold the goods, then we require invoices and correspondence relating to the resale of the goods.
- Statement of Account for the twelve months prior to oldest outstanding invoice subject to the claim. This should follow the format:
Invoice no. - Date of invoice - Invoice value - Payment terms - Payment due date - Date paid.

10. AUTHORITY

We (the insured entity) authorise Atradius to contact the buyer and any other party Atradius considers relevant to check our claim. Further, should it be required, we will allow Atradius to come onto our property, during normal business hours, to examine and take copies of any books and records required for the assessment of this claim.

11. YOUR PRIVACY

Atradius' Privacy Policy is based upon and is compliant with relevant privacy legislation in Australia and New Zealand. A copy of our Privacy Statement and the contact details of our Privacy Officer are available on our website www.atradius.com.au (Australia) or www.atradius.co.nz (New Zealand).

12. DECLARATION

On behalf of the insured entity whose details are set out above, I declare that:

1. All the information we have given Atradius is accurate and complete.
2. We have not withheld any information which might affect our claim.
3. We understand that if we discounted the documents with a financier on a without recourse basis, we cannot claim from Atradius. At the date of this claim we own all of the debt.
4. If Atradius pays this claim, we will ensure that Atradius promptly receives all funds and anything else received from anyone in relation to this claim and the debt to which this claim relates.
5. We attach to this form related claim documentation. The information contained is accurate and complete.
6. We have no interest, including financial interest, in the buyer nor have they any such interest in our business.
7. I have authority to complete and sign this claim form.
8. I have authority to make this declaration.

Name

Position

Signature

Date

Please post the completed form and any associated documents to:

**Manager Claims
Atradius
PO BOX Q310
Queen Victoria Building NSW 1230**

Or fax to us on:
+ 61 2 9201 5224