

NOTIFICATION OF OVERDUE ACCOUNT

Date of Notification:				Policy No:				
Buyer's full name and address :-				Insured full name and address :-				
Name	Name of contact person & tel :-							
Address of Invoices (if different from above) :-				Invoice Issued by (if different from above) :-				
Details	on Overdues							
	OVERDUE AMOUNT			PAYMENTS OR CREDIT NOTES				
Invoid Ref		Due Date	Cur	Amount	Amount	Date	Remarks	
	Net Outstanding Amount (As per the Statement Of Account)			(Excluding tax/VAT if any)				
_								
	ns for Non Payme							
Cash Flow problem ☐ Insolvency ☐ Others ☐ (specify)								
Other	details							
Securit What is Have y	res taken so far to ties held against the sthe usual terms or ou applied for an e	e debtor: f payment give extension of terr	n to the b	ouyer?	_days	Yes □ No □		
i icase	sign and stamp be	SIOVV.		DLEACE	MAIL THICK		LTO .	
	PLEASE MAIL THIS NOTIFICATION TO : Coface, Singapore Branch							
					#15-00,16 Collyer Quay			
Authorised signatory Company Stamp Name of signatory: Designation:			Singapo	re 049318				
Importa	nt							
1.	Insured has to declare the full debt exposure on the buyer even for invoices that are not yet due.							
2.	Insured has to submit	ther with the notification of overdue account form.						
	* Invoices			* Statement of account				
	* Sales contract/purch	* Bill of Lading / Delivery Receipt						
3.	Intervention fee payab	le.						