

## Notification of Claim

Please ensure that you notify us of losses in accordance with the terms of your policy. If you experience any difficulty in completing this form please contact us at 1-800-423-6624.

### 1. General information

Name	<input type="text"/>		
Address	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>
Policy type	<input type="text"/>	Policy no.	<input type="text"/>
Supplier name (if different)	<input type="text"/>		

### 2. Buyer details

Name	<input type="text"/>
Address	<input type="text"/>
Country	<input type="text"/>
Buyer number (if known)	<input type="text"/>

### 3. Description of goods/services

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

### 4. Nature of loss

<input type="text"/>
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Have goods/services been delivered and accepted?  yes  no

Other, e.g., Pre-Credit Risk (please specify)

### 5. Amount of loss

Total past due less deductions (please state currency)

**6. Past due accounts details**

Total contract value (please state currency)

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Date of contract

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Terms of sale

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Amounts owing or any yet to fall due date(s) of dispatch of goods/services invoiced including original due dates and extended due dates (please use a separate sheet if necessary)

Value	Date of dispatch/delivery	Due date	Extended due date

Were there any extended due dates agreed by Atradius Trade Credit Insurance, Inc. or as allowed by the Policy?  yes  no

**7. Specified deductions**

Any amount which the buyer is entitled to credit by way of payment, credit set off, counterclaims or otherwise

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Any amount which you are entitled to credit toward the amount owing

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Any other sum recovered from any source including realization of any security of resale of goods or materials

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Any expenses saved by non-fulfillment of the contract or otherwise, e.g., agent commission

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**8. Report of sales**

On contract (where pre-credited coverage is held)

	Amount reported	Month/Year

On goods dispatched/services invoiced

	Amount reported	Month/Year

**9. Credit limit**

Approved by Atradius Trade Credit Insurance, Inc.  yes  no

Date of approval

Amount of approved credit limit (please state currency)

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Conditions

- First contract       Credit sure       Credit check       Based on trading experience       Based on reports

**10. Checklist of information required in support of your claim**

If any information cannot be supplied please give reasons. Documents not in English should be translated. We have included the following: (please check if applicable)

- a. Summary of the circumstances giving rise to this loss
- b. Correspondence relating to the debt and attempts to recover it
- c. Contract with the buyer, e.g., the buyer's order and acknowledgement thereof
- d. The invoices
- e. Evidence of dispatch, e.g., carrier's receipt, Bill of Lading or equivalent thereof
- f. Advice of acceptance of any Bills of Exchange and non-payment thereof and copy of the protest deed
- g. Copies and/or details of any security held and details of attempts to realize or invoke such security, e.g., third party guarantee, retention of title
- h. Statement of Account from 6 months prior to dispatch of items under claim to date. Please show invoice number/value, date of dispatch, due date and date paid.
- i. If credit limit was established under discretionary provisions, the information on which the assessment was reached
- j. Evidence of insolvency including registration of debt
- k. Invoices and correspondence relating to resale of goods
- l. Evidence of acceptance of invoices/monthly certificates services only
- m. Details of any other commitments in relation to your claims, e.g., performance bonds, forward exchange contracts, financing or factoring agreements

The undersigned officer of the Insured declares that:

- a. We have suffered a loss, particulars of which are as stated. We have not entered into any other contract of insurance of indemnity in respect to this loss.
- b. We are not aware of any mortgage, charge or assignment of any kind or of sums, credits, indemnity or security of any kind or in any rights against any agent or other third parties which relate in any way to the loss. (If you are aware of such circumstances please provide full details.)
- c. We have no interest, including financial interest, in the buyer nor have they any such interest in our business. (If any such interest exists, please provide full details.)
- d. We believe the information contained herein to be true and correct in every particular and certify that the copies of documents supplied are also true and correct in every particular.
- e. We are in a position to take all steps which the Insurer may require at any time to effect recoveries after payment of claim.
- f. We agree that if any claim is made by us which is in any way false or fraudulent, the Policy shall become void and all claims thereunder shall be forfeited. We accordingly claim payment of the Policy percentage of the amount claimed. The check in settlement should be made payable to:

Insured

Date

By: Authorized signature

Title

Typed or printed name

## Fraud Warnings

### APPLICABLE IN ALASKA

A person who knowingly and with intent to injure or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### APPLICABLE IN ARKANSAS

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

### APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fine and confinement in state prison. California Insurance Frauds Prevention Act 1871.2.

### APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: It is unlawful to:  
(a) Present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.  
(b) Prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim.  
Every person who violates any provision of this section is punishable by imprisonment in the state prison, or by fine not exceeding one thousand dollars (\$1,000), or both.

### APPLICABLE IN COLORADO

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 policyholder 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.

### APPLICABLE IN FLORIDA

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company, files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Third Degree Felony.

### APPLICABLE IN IDAHO

Any person who knowingly, and with intent to defraud, or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

### APPLICABLE IN MAINE

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

### APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

### APPLICABLE IN MINNESOTA

A person who submits an application or files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

### APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

### APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### APPLICABLE IN NEW JERSEY

Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

### APPLICABLE IN NEW MEXICO

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.

### APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other persons, 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### APPLICABLE IN OHIO

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.

### APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with the 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.

### APPLICABLE IN OREGON

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

### APPLICABLE IN PENNSYLVANIA

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

### APPLICABLE IN VIRGINIA

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 benefit.