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| Notification of Overdue Account with Request for Intervention (Claim) Form |

*In accordance with the Coface Trade Credit Insurance Contract*

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| **The Insurer** | Compagnie Française d’Assurance pour le Commerce Extérieur A.R.B.N. 130 761 116 (INCORPORATED IN FRANCE, WITH LIMITED LIABILITY), BRANCH IN AUSTRALIA |

**Please email this to:** cofaceoverdues@nci.com.au **with the following details:**

Please complete all sections and continue on a separate sheet if required.

Please do not leave any questions unanswered.

Please note that if the information below is incomplete, this may lead to a delay in the processing of your notification.

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| **INSURED DETAILS** |
| **Insured name** |       |
| **Contract number** |       |
| **Contract name** |       |
| **Telephone** |       | **Fax** |       |
| **Email** |       |
| **Invoices issued by** |       |

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| **BUYER DETAILS** |
| **Buyer name** | (including trading style, if appropriate)      |
| **Contact name** |       |
| **Coface buyer ref.** |       |
| **Credit Limit**  | [ ]  Endorsed  | [ ]  Discretionary | Amount :       |
| **Street Address** |       |
| **Suburb/City** |       | **Postal Code** |       |
| **State** |       | **Country** |       |
| **Business** **Registration No.** |       | **ACN** (Aust. Buyers only) |       |
| **Telephone** |       | **Fax** |       |
| **Email** |       |

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| **FURTHER DETAILS** |
| **Type of notification:** |
| [ ]  Adverse Information | [ ]  Overdue account | [ ]  Insolvency |
| For non insolvency claims please provide details of the reasons for the non-payment: |
|       |
| Has the Debtor raised any dispute or complaint regarding the terms of the contract? |
| [ ]  No [ ]  Yes (if yes please specify below) : |

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| **COLLECTION SERVICES** |
| **If you do not wish us to intervene provide details as to why in the section below:** |
| [ ]  Repayment schedule authorised by Coface |
| **Comments:** |
|       |

**DETAILS OF OUTSTANDING DEBT**

**NOTE: Please double click on the table below to fill the information**

**

**IMPORTANT**

1. **Insured to declare the full debt exposure on the buyer even for invoices that are not yet due.**
2. **Insured must submit the following documents together with the notification / intervention form;**
* Last 10 outstanding Invoice(s),
* Statement of account for the 12 months prior to the last transaction,
* Copy of all relevant correspondence (in particular buyer communications),
* Details of all efforts to collect the monies to date,
* Copy of Credit Application / Conditions if Sale / Guarantees held,
* If the debtor is insolvent, details on action taken to enforce Retention of Title
* If the debtor is insolvent, any available evidence of insolvency

**Export Only**

* Any notices from your bank advising that the Payments due have been dishonored,
* Any outstanding bill(s) of exchange, promissory notes or drafts,
* All bill(s) of lading or airway bill(s) relating to unpaid invoices
1. **Discretionary Limit**- If you answer ‘yes’ to any of the below please provide copies of relevant reports or information.

|  |  |  |
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| Was credit approved relying on; | Status Report/Trade Report | [ ]  Yes [ ]  No  |
| Trading Experience | [ ]  Yes [ ]  No  | Bank Report | [ ]  Yes [ ]  No  |
| Trade Reference | [ ]  Yes [ ]  No  | Any other relevant details | [ ]  Yes [ ]  No  |

**DECLARATION**

I declare to the best of my knowledge and belief, that the above details are true and complete and that no information has been withheld that may influence this claim. I confirm that I will advise Coface of any changes of circumstances in this notification. I also declare that this notification is not the subject of a dispute.

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |   /  /     (dd/mm/yyyy) |
| **Name:** |  | **Position** |  |

**No of pages:**

(including this one)

**If unable to transmit to the email address above please fax this claim form to:**

Coface

Claims Department

Fax: +61 (0)2 9262 1323

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