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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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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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