



Full information must be given if delays are to be avoided.
Use the currency unit you elected to have claims paid in.

Your Claim – Details

| | | | |
|---|--|--|---|
| 1. Name of Insured (or Joint Insured) | | Policy No. | |
| <input type="text"/> | | <input type="text"/> | |
| 2. Your Debtor's Name – Insured Buyer's correct legal entity | | ABN; ACN or other Registration No. (if applicable) | |
| <input type="text"/> | | <input type="text"/> | |
| 3. Debtor's Industry | | | |
| <input type="text"/> | | | |
| 4. Debtor's Address | | | |
| <input type="text"/> | | Postcode: | Country: |
| Telephone | | Fax | |
| <input type="text"/> | | <input type="text"/> | |
| 5. Date of Loss or Insolvency of Debtor | <input type="text"/> / <input type="text"/> / <input type="text"/> | Type of Loss or Insolvency | Insolvency <input type="checkbox"/> Protracted Default <input type="checkbox"/> |
| | | Export Policies only | Contract Repudiation <input type="checkbox"/> Political risk <input type="checkbox"/> |
| For non insolvency claims please provide details of the reasons for non payment | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| Has the Debtor raised any dispute or complaint in regard to the terms of the contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please give details | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| 6. Total amount owed by Debtor | | (incl. GST) | Policy Currency <input type="text"/> |
| <input type="text"/> | | | |
| 7. Amount claimed under the policy (please take into account the Permitted Limit, Insured Percentage and any items not covered by your policy) | | | |
| <input type="text"/> (excl. GST) | | | |

General Information

8. Do any of the following apply to this account? If "yes", give details including all documentation and advise what action you are taking to enforce your rights

| | | | |
|--|------------------------------|-----------------------------|----------------------|
| a) Personal Guarantee/Other Security | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| b) Contra Trading or Set-off | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| c) Number 2 Account/Cash Sales | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| d) Retention of Title Clauses (Romalpa Type Clauses) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |

9. Date account first opened on credit terms / /

10. Terms of payment agreed with Debtor (please be specific)

11. a) Was credit approved under an Official Limit Endorsement? Yes No If "yes", provide copy of endorsement. If "no", refer to (b)

b) Was credit approved under an available Discretionary Limit? Yes No

If "yes", was credit granted relying on:

| | | |
|---|------------------------------|-----------------------------|
| (i) Trading Experience | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) Trade References | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) Status Report/Trade Report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) Bank Report | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Other, please provide all pertinent details | <input type="text"/> | |
| <input type="text"/> | | |

If "yes", to any of (i) to (iv) above, provide copies of relevant reports or information

Use back page if additional space is required

Additional Information

14. Ledger Reconciliation for the 12 month period prior to the oldest unpaid invoice

| Month of Invoice/Delivery/ Work Done/Despatch | Total amount Invoiced in the Month (incl. GST) | Date by Which Monthly Amount Cleared/Paid | Days Credit Taken |
|--|---|--|-------------------|
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |
| / | | | |

Please attach a copy of your ledger and/or statements covering all entries for the period commencing 12 months prior to the oldest unpaid amount up to and including the date of the last transaction with this debtor.

Supporting Documents

Please send the originals or photocopies of all the documents listed below, otherwise your claim cannot be considered

Please ✓

- a) The **ORDER(S)** relating to outstanding invoices and your **CONFIRMATION(S)** of the order(s). Please send any evidence of the contract of sale
- b) The **OUTSTANDING INVOICE(S)**
- c) The statements of the account for the period commencing 12 months prior to the oldest unpaid invoice and up to the date of the last transaction
- d) All relevant **CORRESPONDENCE** (*especially all communications received from the buyer*)
- e) If the debtor is insolvent, any available **EVIDENCE OF INSOLVENCY** (*for example, a notice from the Receiver or Liquidator*)
- f) Copy of the relevant **CONDITIONS OF SALE**

EXPORT ONLY

- g) Any **NOTICES FROM YOUR BANK** advising that Payments Due have been dishonoured
- h) Any outstanding **BILL(S) OF EXCHANGE, PROMISSORY NOTES OR DRAFTS**
- i) All **BILL(S) OF LADING** or **AIRWAY BILL(S)** relating to unpaid invoices

Declaration of Insured and Signature

We authorise you to disclose your interest in this account to the appropriate authority dealing with the Debtor's affairs. On request we shall complete and submit an assignment of the debt to QBE Trade Credit.

We shall obtain/attach (delete as appropriate) written confirmation from the Liquidator, Trustee, Receiver, or other appropriate authority, of the amount for which we are admitted to rank in the insolvent estate of the debtor or, in the case of any other insured loss, we attach Evidence of Debt. It is acknowledged that the information/documents requested herein are those usually necessary for adjudication of a claim, but such requirements shall not be construed as in any way limiting the Definitions and Conditions of the policy as to our duty of disclosure of material facts, information as well as to QBE Trade Credit's right to examine or obtain copies of letters, accounts or other documents in our possession or control relating to or connected with this policy and claim. The information given herein and the attachments are, to the best of our knowledge and belief, true and correct in every particular.

Name

Position in Company

Signature

Date

 / /

SYDNEY

Level 13, 82 Pitt Street
Sydney NSW 2000
GPO Box 82,
Sydney NSW 2001
Phone: (02) 9375 4600
Facsimile: (02) 9375 4646
QBE Insurance (Australia) Limited
ABN 78 003 191 035

MELBOURNE

Level 13, 628 Bourke Street
Melbourne VIC 3000
PO Box 577,
Collins Street West VIC 8007
Phone: (03) 9246 2999
Facsimile: (03) 9246 2990
QBE Insurance (Australia) Limited
ABN 78 003 191 035

BRISBANE

Level 15, 133 Mary Street
Brisbane QLD 4000
GPO Box 493,
Brisbane QLD 4001
Phone: (07) 3031 8500
Facsimile: (07) 3031 8544
QBE Insurance (Australia) Limited
ABN 78 003 191 035

PERTH

Level 2, 95 William Street
Perth WA 6000
GPO Box T1750,
Perth WA 6845
Phone: (08) 9213 5971
Facsimile: (08) 9213 6005
QBE Insurance (Australia) Limited
ABN 78 003 191 035

AUCKLAND

Level 11, Quay Tower
29 Customs Street West
Auckland, New Zealand
PO Box 44, Auckland Delivery,
Auckland, New Zealand
Phone: (64) 9 308 8578
Facsimile: (64) 9 308 8619
QBE Insurance (International) Limited
ABN 11 000 000 948
(Incorporated in NSW, Australia)

