

TRADE CREDIT INSURANCE
NOTIFICATION OF OVERDUE ACCOUNT
CLAIM FORM

Date of Notification: _____

Policy No: _____

Buyer No: Buyer's full name and address:- GSTIN: Name of contact person & Tel:-	Insured full name and address:-
Address of Invoices (if different from above):- 	Invoice Issued by (if different from above):-

Details on Overdues

OVERDUE AMOUNT					PAYMENTS OR CREDIT NOTES		
Invoice Ref	Inv. date	Due Date	Cur	Amount	Amount	Date	Remarks
Net Outstanding Amount (As per the Statement Of Account)					(Excluding tax/VAT if any)		

Reasons for Non PaymentCash Flow problem ☐Insolvency ☐Bank transfer delay ☐Trade Dispute ☐Others ☐ (specify) _____**Other details**

Measures taken so far to effect recovery: _____

Securities held against the debtor: _____

What is the usual terms of payment given to the buyer? _____ Days

Have you applied for an extension of terms with this buyer previously?

Yes ☐ No ☐

Please sign and stamp below for intervention.

PLEASE MAIL THIS NOTIFICATION TO:

Name of the insurance company

Address of the insurance company

Address of the insurance company

Authorized signatory

Name of signatory: _____

Designation: _____

Important

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 the following documents together with the notification of overdue account form.
 - * Invoices
 - * Statement of account
 - * Sales contract/purchase order
 - * Bill of Lading / Delivery Receipt
3. Intervention fee payable.

Toll free: 1-800-200-4030. Email: contactclaims@universalsompo.com

Declarations	
1	I/We agree to provide additional information to the Company, if required. I/We the above named insured, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or, in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.
2	I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.
3	I understand that the Company reserves the right of verification of facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
4	I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5	I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6	I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: _____

Date: _____

Signature of Insured