

CREDIT INSURANCE POLICY - CLAIM FORM
(NOTIFICATION OF OVERDUE ACCOUNT)

UIN: IRDAN106CP0002V02200203

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 Payment

Cash 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:

IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED
4TH & 5TH Floor, IFFCO Tower,
Plot no. 3, Sector – 29 Gurgaon – 122 001

Authorized signatory : _____

Name of signatory: _____

Designation: _____

Important

- Insured has to declare the full debt exposure on the buyer even for invoices that are not yet due.
- Insured has to submit the following documents together with the notification of overdue account form.
 - * Invoices
 - * Sales contract/purchase order
 - * Statement of account
 - * Bill of Lading / Delivery Receipt
- Intervention fee payable.