

## Insolvency Liability Risk Insurance Policy

### CLAIM FORM

The issue of this form is not an admission of liability or a waiver of any of the terms, conditions or exclusions of the Policy. Raheja QBE must be notified as soon as possible as loss or damage has become known, without delay. Please complete and return this form to Raheja QBE at the earliest. Do not delay if any information required cannot be immediately given. The same can be forwarded to Raheja QBE later, as soon as possible. (If space found insufficient please attach separate sheet).

**Full information must be given if delays are to be avoided**

Use the currency unit you have elected to have claims paid in.

Your Claim - Details					
<b>1.</b>	Name of Insured. <i>(or Joint Insured)</i>				
	Policy Number				
<b>2.</b>	Your debtor's name – Insured Buyer's correct legal entity				
	Registration number (if applicable)				
<b>3.</b>	Debtor's industry				
<b>4.</b>	Debtor's address				
		Postcode		Country	
<b>5.</b>	Telephone		Fax		
	Date of loss or insolvency of debtor				
	Type of loss or insolvency	<input type="checkbox"/> Insolvency <input type="checkbox"/> Protracted Default			
		<input type="checkbox"/> Contract Repudiation <input type="checkbox"/> Political Risk			
	For non insolvency claims please provide details of the reasons for non payment				
	Has the debtor raised any dispute or complaint in regard to the terms of the contract? <span style="float: right;">If 'Yes', please give details</span>				
<b>6.</b>	Total amount owed by debtor	[Please confirm if this amount is to be stated in INR]		Policy Currency	
<b>7.</b>	Amount claimed under the Policy <i>(please take into account the Permitted Limit, Insured Percentage and any items not covered by your Policy)</i>				



	[Please confirm if this amount is to be stated in INR	
--	---	--

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	
	(b) Contra trading or set-off	
	(c) Number 2 account/cash sales	
	(d) Retention of title clauses (Romalpa Type clauses)	
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?	If 'Yes', provide copy of endorsement. If 'No', refer to (b)

12.	If 'Yes', was credit granted relying on:	
	(i) Trading Experience	
	(ii) Trade References	
	(iii) Status Report/Trade Report	
	(vi) Bank Report	
	(v) Other—Please provide all pertinent details	
If 'Yes' to any of (i) to (v) above, provide copies of relevant reports or information. Use back page if additional space is required.		

13.	What specific action, including legal action, was taken from the date the account became reportable to the date of insolvency, in pursuing the debtor for payment of the outstanding debt? Please provide all relevant copy documents.

### Additional Information (continued)

[illegible]

	/ /			
	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**

(a)	The <b>ORDER(S)</b> relating to the outstanding invoices and your <b>CONFIRMATION(S)</b> of the order(s). Please send any evidence of the contract of sale	<input type="checkbox"/>
(b)	The <b>OUTSTANDING INVOICE(S)</b>	<input type="checkbox"/>
(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	<input type="checkbox"/>
(d)	All relevant <b>CORRESPONDENCE</b> (especially all communications received from the buyer)	<input type="checkbox"/>
(e)	If the debtor is insolvent, any available <b>EVIDENCE OF INSOLVENCY</b> (for example, a notice from the Receiver or Liquidator)	<input type="checkbox"/>
(f)	Copy of the relevant <b>CONDITIONS OF SALE</b>	<input type="checkbox"/>
(g)	Any <b>NOTICES FROM YOUR BANK</b> advising that payments due have been dishonoured	<input type="checkbox"/>
(h)	Any outstanding <b>BILL(S) OF EXCHANGE, PROMISSORY NOTES</b> or <b>DRAFTS</b>	<input type="checkbox"/>
(i)	All <b>BILL(S) OF LADING</b> or <b>AIRWAY BILL(S)</b> relating to unpaid invoices	<input type="checkbox"/>

**Declaration of Insured and Signature**

We, the above named, do hereby, to the best of our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and we agree that if we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by us or anyone acting on our behalf or with our knowledge, our claim shall be absolutely forfeited and the Policy shall be null and void.

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 Raheja QBE General Insurance Company Limited.

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 Raheja QBE'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.

Name		Position in company	
Signature		Date	/ /

