

Notification of Overdue Account



Please complete all sections as fully as possible and continue on a separate sheet if required.
Please do not leave any question unanswered.

Date of this notification:
Important: Please indicate if you are requesting our intervention for collection Yes No

1. POLICY DETAILS

1.1 Policyholder name:
1.2 Policy number & policy suffix:
1.3 Contact name:
Telephone number: Fax number:
Email address:
1.4 Invoices issued by (1):
1.5 Maximum initial credit period:
1.6 Extension period:

2. BUYER DETAILS

2.1 Buyer name (including trading style, if appropriate):
2.2 Contact name:
2.3 Coface buyer reference:
If using a discretionary facility, please check box
2.4 Address:
Telephone: Fax:
2.6 Name and address for invoices (if different from address above):

3. REPORTABLE TRANSACTIONS

If there is insufficient space, please enter the TOTALS and use a separate sheet to detail individual transactions

Invoices					Payments / Credit Notes (2)		Comments
Invoice reference	Invoice date	Invoice due date	Currency	Gross amount (incl. tax)	Gross amount (incl. tax)	Date	
Gross totals (incl. tax)							

(please go to page 2)

(1) If different from name of policyholder.
(2) Indicate in the "Comments" column whether Payment or Credit Note.

4. TWELVE MONTHS' TRADING STATEMENT WITH YOUR CUSTOMER

Month and year	Invoices issued	Credit notes	Payments received	Dishonored payments (3)	Month and balance c/f (5)	Outstanding balance (4) c/f	Payment terms
Totals							

5. CLAIM DETAILS

Nature of claim: (please check the appropriate box)

Insolvency Default Transfer delay Political risk

Checklist of supporting documents: (please check)

Protracted default – please submit:

- Invoices (showing contractual terms, if not, please provide terms and conditions)
- Proof of delivery (if not available, please provide other proof of debt)
- Completed twelve months trading statement with this customer (refer to part 4 of this claim form) and a summary of circumstances giving rise to loss
- Correspondence in relation to the debt

Insolvency – In addition to the above documents listed under Protracted Default, please also submit:

- Confirmation of practitioner’s appointment
- Details of your Retention of Title (ROT) clause (please attach copy inventory and copy ROT clause)
- Proxy form – unsigned
- Assignment document – signed

Transfer delay: evidence of local currency deposit and administrative actions having taken place (if applicable)

Discretionary limit justification (if applicable)

6. 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 under take to advise Coface of any changes of circumstances in this claim, including any recoveries.

Signature:	No. of pages (incl. this one)	Please send this claim form to: Coface Claims Department Fax: 609-490-1582 Email: claims@coface.us
	Date:	
	Name:	
	Title:	

(3) Show whether any payments have been dishonored.

(4) Please use this column to show how the outstanding debt was built up each month over the 12-month period.

(5) Carried forward from previous year.