

Claim Form

1. Policy

Policy Number _____

Insured's name as appearing on the Policy Schedule: _____

Name of claimant, if different from the Insured's name: _____

2. Debtor

Please provide the following details about the Buyer that you are claiming against:

Full name: _____

Address: _____

Postcode: _____ Registered number: _____

3. Circumstances of the Loss

How and when did you first become aware that a Loss might occur? _____

What was the Date of Loss? _____

What goods and/or services did you supply? _____

What is the gross amount of the debt in the Policy Currency? _____

What is the net amount of your Loss? _____

What is the reason for your claim? (Please tick the applicable reason. Your Policy may cover one or more of the following causes of loss)

- Insolvency? If so, please provide evidence of insolvency
- Default?
- Transfer risk?
- War?
- Government Action?
- Public Buyer default?

When did you first notify ACE of the Loss? _____

4. The Debtor's Account

When was the account first opened? _____

- Is the claim against:
- a Credit Limit specified on an ACE endorsement
 - a written Credit Limit set by you in accordance with your Credit Management Procedures

If it was set by you, give the value & dates and amounts of changes to the limit in the 12 months before the earliest invoice now unpaid _____

How was credit-worthiness assessed (refer point g attachments)? _____

Who approved the Credit Limit? _____

When and how were the full contractual terms of payment agreed? _____

How was the payment obligation evidenced? e.g. invoices and contract (for open account), bills of exchange, promissory notes, letter of credit: _____

Was there a third-party corporate guarantee of payment? Yes No

Was other security held, such as reservation of title personal guarantees, fixed charges? Yes No

If yes, please give details of the type of security _____

When and how was subsequent contact made? _____

Was the debt passed for collection to an external party? Yes No

If yes, on what date was the debt passed for collection? _____

Please give the name, address and telephone number of the external party used and summarise the actions that they have taken: _____

If you held a third-party corporate guarantee of payment, and/or other security, please summarise the steps that you have taken to enforce them: _____

7. Outstanding Amounts

Please provide a breakdown by month of all amounts making up your claim, in Policy Currency (where the invoice currency is different to the Policy Currency, please use the conversion rate as stipulated in section E.8. of the Policy)

Month / Year of delivery	Net Value	VAT or equivalent	Gross Value

8. Confirmation of Debt

Please note that in order to finalise payment of your claim, we need to have confirmation of the amount of the Loss, from an independent, official source, as defined in section B.5. of the Policy.

9. Attachments

Please provide the following documents to help us assess your claim

Evidence of Insolvency	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Official notice of the cause of Loss	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
Copies of invoices	<input type="checkbox"/> Attached	<input type="checkbox"/> Too numerous (ACE to specify sample)
If the credit limit was <u>not</u> set by ACE,		
▪ Copies of all documentation used by you to set the Credit Limit	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
▪ A copy of your internal written approval	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
▪ Copy of the Credit Limit history		
▪ A copy of a third party corporate guarantee if applicable	<input type="checkbox"/> Attached	<input type="checkbox"/> n/a
If other security was held, copies of the documents	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
If bills of exchange or promissory notes were used,		
▪ Copies of the documents:	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
▪ Evidence that they were protested	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
Evidence of the actions that you took to chase the Buyer for payment	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
A copy of the final statement of account	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
Confirmation of Debt	<input type="checkbox"/> Enclosed	<input type="checkbox"/> to follow
Copies of all correspondence with the insolvency Practitioner	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a
Any additional information you deem relevant	<input type="checkbox"/> Enclosed	<input type="checkbox"/> n/a

Please note that we may need to ask for further documents and information.

10. Declaration

I declare that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief.

Signature: _____

Name of signatory: _____

Position in company: _____

For and on behalf of:

Company name: _____

Address: _____

Post Code _____ Telephone number: _____

E-mail address: _____

Date: _____

FRAUD WARNING STATEMENTS (ALL STATES)

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD WARNING STATEMENTS (WARRANTY STATES ONLY – AR, CA, CO, CT, DC, IA, IL, IN, LA, MA, MD, MI, MN, MO, MS, ND, NE, NJ, NM, NY, OH, OK, RI, SC, TN, TX, UT, VT, WA and WI)

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