



# Export Claim Form

**To:**  
Credit Guarantee

**From:** Company Name

Unit

Unit Fax

Policy number      Policy No

## 1. INSURED BUYER

Full name (Legal entity)

Trade style

Buyer number (if known)

Physical address

Postal address

Postal code

E-mail

Telephone number

Fax number

**TOTAL AMOUNT OWING (Co-insureds to be reflected separately)**

Date of Contract / Date of sale (pre-shipment only)	Date of shipment	Invoice details			Due date	Extended due date
		Invoice no	Currency	Amount		
<b>TOTAL</b>						

## 2. DISPUTES

If there is any dispute between the buyer and the insured relating to the claimed amount or any other transaction, provide details (attach correspondence).

## 3. PARTICULARS OF ACCOUNT

Date account opened

Terms of payment granted

Type of goods sold and delivered

Has the buyer accepted the goods?

YES       NO

Direct sale       Agent       ✓

If agent was used - Name of Agent

Amount of agent's commission which will not be paid

Agent's commission reversed/not paid

Details of any payments/credit notes

Cost incurred to prevent or mitigate the loss (attach supporting documents)

***If the sale was covered by a forward exchange contract, attach a copy of F.E.C.***

#### 4. CREDIT LIMIT / LIMIT OF DISCRETION

Deliveries made under either:

**A: Credit Limit**

Per **Credit Limit Annexure** no:                      Dated:                      Amount:

**B: Limit of Discretion**

On basis of a    

Written bank/bureau report <input type="checkbox"/>	Favourable trading history <input type="checkbox"/>
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                      ✓

#### 5. CAUSE OF LOSS

Please refer to the policy document for complete definitions.

*Please tick to indicate the appropriate cause of loss.*

**A: INSOLVENCY**

Date of provisional order (copy of court order)

Claim lodged against estate    

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 ✓    Claim proved against estate    

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 ✓

If not lodged, reason

**B: PROTRACTED DEFAULT** (State reason for non-payment)

**C: REPUDIATION**

Reason for repudiation

Location of the goods

Possible resale value (attach necessary documents)

**D: IMPORTATION** (Provide details)

**E: TRANSFER DELAY**

Attach proof of payment in local currency by buyer.

Attach confirmation of proof of application made by the buyer to externalise funds.

**F: CONFLICT** (Provide details)

#### 6. DECLARATIONS (for premium purposes)

Month/s declared

Amount declared

#### 7. SALVAGE ACTION

Details of action taken by the insured to either prevent or mitigate the loss against the buyer and/or details of securities realised/guarantees held.

**8. SUPPLEMENTARY INFORMATION**

Any other information that could assist in processing this claim.

**9. DOCUMENTATION REQUIRED IN SUPPORT OF THIS CLAIM**

**Attached**

- |   |                          |                           |                          |
|---|--------------------------|---------------------------|--------------------------|
| 1. Bills of lading  | <input type="checkbox"/> | Other documents (specify) | ✓                        |
| 2. Statements (12 months prior to 1 <sup>st</sup> outstanding shipment)   | <input type="checkbox"/> |                           |                          |
| 3. Statements for amounts claimed and any other transactions thereafter   | <input type="checkbox"/> |                           | <input type="checkbox"/> |
| 4. Commercial invoices  | <input type="checkbox"/> |                           |                          |
| 5. Airway bills   | <input type="checkbox"/> |                           | <input type="checkbox"/> |
| 6. Rail consignment notes   | <input type="checkbox"/> |                           |                          |
| 7. Orders   | <input type="checkbox"/> |                           | <input type="checkbox"/> |
| 8. Contract of sale (pre-shipment only)   | <input type="checkbox"/> |                           |                          |
| 9. F.E.C. /Bank voucher   | <input type="checkbox"/> |                           | <input type="checkbox"/> |
| 10. Confirmation of payment in local currency   | <input type="checkbox"/> |                           |                          |
| 11. Copy of final demand sent to your client and proof of dispatch  | <input type="checkbox"/> |                           |                          |
| 12. Copy of securities held/guarantees  | <input type="checkbox"/> |                           |                          |
| 13. Valid bank code / trading history to confirm limit of discretion<br>(Refer <i>proviso Credit Limit</i> in your policy document) | <input type="checkbox"/> |                           |                          |

**Please note:**

**Submission of an incomplete claim or omission of copies of the documents required in support of your claim will not constitute the lodging of a claim in terms of the Policy.**

**NB: All documentation attached must reflect your policy number as a reference.**

**Further documentation may be requested in order to assess the claim.**

**10. DECLARATION BY THE INSURED**

We understand that the issue of this form by Credit Guarantee is not an admission of liability.

We declare that the representation made and facts stated herein are true and correct in every particular to the best of our knowledge and believe that we have not omitted or misrepresented any material fact, which might have a bearing upon the assessment of this claim under our policy.

We undertake to advise Credit Guarantee immediately of any payments received and to copy you with all relevant correspondence.

**Please print and FAX back to 011**

Authorised by : Full name

Date

Designation

Signature .....