



INSURANCE CLAIM

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DATA ON POLICY HOLDER

Policy number * _____

Company name * _____

Company code * _____

Contact person _____

Bank _____ Account no. _____

Tel. no. _____ Fax. no. _____ Mob.no. _____

e-Mail _____

Fill if the holder of the asset is not the main policy holder only:

Company name _____

Company code _____

Contact person _____

Bank _____ Account no. _____

Tel. no. _____ Fax. no. _____ Mob. no. _____

e-Mail _____

DATA ON YOUR CUSTOMER (DEBTOR)

Credit limit No. _____

Company name * _____

Company code * _____

Address _____

Contact person _____

Tel. no. _____ Fax. no. _____ Mob. no. _____

e-Mail _____

Bank, bank code, account _____

Date of the notification of the overdue amount _____

Date of insured event (insolvency proceedings opened on)** _____

**at the end of an approved insolvency or alleged insolvency period

* obligatory to fill



OVERDUE AMOUNTS AT THE DATE OF THE INSURANCE CLAIM

Total outstanding amount _____ Currency _____

VAT % _____

Unpaid invoice no.	Date of the invoice	Date of the overdue amount *	Overdue amount
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*date when the payment should be made.

* If the number of the unpaid invoices are more than 12, continue list at the 3th page.

Description of an event that can be recognized as insured: _____
(third-party or insurer actions to recover the debt, important circumstances of non-payment, buyer's position on the non-payment, etc.)

Documents to be attached:
(copies of invoices, copies of purchase and sales contracts, shipping bills, correspondence letters to the buyer, other event related documents (if it is not submit to the insurer yet))

We confirm that, to the best of our knowledge, the information we have supplied is complete and correct.

Date, place Position, signature Stamp

