



**TRADE CREDIT UNDERWRITING AGENCY  
NZ LTD**  
Company Number 3978818  
**as agents for**  
**QBE INSURANCE (INTERNATIONAL) LIMITED**  
ABN 11 000 000 948

## SME Trade Credit Insurance Claim Form

Full information must be given if delays are to be avoided.  
A claim can be made only if your Insured Loss is in excess of your Threshold amount.

Please forward this form to [info@tcua.com.au](mailto:info@tcua.com.au)

Your Claim - Details			
1	Name of Insured (or Joint Insured)		
	Policy Number		
2	Your Debtor's Name – Insured Buyer's correct legal entity		
	Company No. or other Registration No. (ACN, ABN)		
3	Debtor's Industry		
4	Debtor's Address		
		Postcode	Country
	Telephone	Fax	
5	Date of Loss or Insolvency of Debtor		/ /
	Type of loss or Insolvency	<input type="checkbox"/> Insolvency <input type="checkbox"/> Protracted Default           Please tick (✓)	
	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 or you execution of the contract? If 'Yes', please give details <input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Total amount owed by debtor	\$	(incl. GST) Policy Currency
7	Amount claimed under the Policy (please take into account the Permitted Limit, Insured Percentage and any items not covered by your Policy)		
	\$	(excl. GST)	

General Information			
8	Do any of the following apply to this account? Please tick (✓) or encircle answer If 'Yes', give details including all documentation and advise what action you are taking to enforce your rights		
	(a) Personal Guarantee/Other Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) Contra/Mutual Trading or Set-of	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(c) Number 2 Account/Cash Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(d) Retention of Title Clauses (whether registered or not in PPSR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Credit terms were first granted on	/ /	
10	Terms of Payment agreed with debtor (please be specific)		
11	(a) Was credit approved under an Official Limit Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide copy of endorsement. If 'No', refer to (b)		
	(b) Was credit approved under an available Discretionary Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## General Information

11	If 'Yes', was credit granted relying on:		
(i)	Trading Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii)	Trade References	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii)	Credit Bureau Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv)	Bank Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v)	Other, Please provide all pertinent details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' to any of (i) to (iv) above, provide copies of relevant reports or information. <b>Use back page if additional space is required.</b>			

## Additional Information

12	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.							
13	Details of all Unpaid Invoices/Credit Notes <i>(If necessary continue on a separate sheet with the same headings)</i>							
Invoice number	Date of invoice	Date of Dispatch of Goods or Rendering of Service	Due Date for payment	Gross invoice value (incl. GST)	Currency of invoice	Rate of Exchange used for conversion to Policy Currency for declaring Turnover of Transactions	SalesTax, GST Retention monies & Other Policy Exclusions	
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<b>Totals</b>								
Copies of all unpaid invoices to be provided. If in excess of 20 in number, provision of the last 20 will suffice for initial claim assessment. Please also provide all invoices to which credit notes relate together with copies of the relevant credit notes.								

### Additional Information (continued)

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Ledger reconciliation for the 12 month period prior to the oldest unpaid invoice

Month of Invoice/Dispatch/ Service Rendered	Total amount Invoiced in the month (incl. GST)	Date by Which Monthly Amount Cleared/Paid	Days Credit Taken
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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.		Please ✓
(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	
(b)	The <b>UNPAID INVOICE(S)</b>	
(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	
(d)	All relevant <b>CORRESPONDENCE</b> ( <i>especially all communications received from the Insured Buyer</i> )	
(e)	If the debtor is insolvent, any available <b>EVIDENCE OF INSOLVENCY</b> ( <i>e.g. a notice from the Receiver, Administrator or Liquidator</i> )	
(f)	Copy of the relevant <b>CONDITIONS OF SALE</b>	
Export only		
(g)	Any <b>NOTICES FROM YOUR BANK</b> advising that documents presented for payment or acceptance have been dishonoured by non-payment or non-acceptance	
(h)	Any unpaid <b>BILLS OF EXCHANGE, DRAFTS OR PROMISSORY NOTES</b>	
(i)	All <b>BILLS OF LADING, AIRWAY BILLS</b> or other <b>TRANSPORT DOCUMENTS</b> relating to unpaid invoices	

## Declaration of Insured and Signature

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 Trade Credit Underwriting Agency Pty Ltd as agent for QBE Insurance (Australia) Ltd.

We shall obtain/attach written confirmation/acknowledgement (delete as appropriate) from the Administrator, 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. We acknowledge 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 Trade Credit Underwriting Agency Pty Ltd'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.

The information given herein and the attachments are, to the best of our knowledge and belief, true and correct in every particular.

Name of Insured			
Name of Signatory		Position in company	
Signature		Date	/ /

[illegible]