



**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 Monthly Report of Notifiable Events

Please complete and send us this form promptly at the end of each month in respect of those accounts where a "Notifiable Event" has occurred. Failure to do so may prejudice your position in the event of a claim.  
If in doubt as to what constitutes a Notifiable Event please refer to your Policy document.  
All amounts should be expressed in your Policy Currency.

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

Statement of Notifiable Events for month ended

| Buyer Details<br>(please show full legal entity)     |  | Aging of Account<br>(from date of dispatch) | Currency and Amount | Reason for Non-Payment & Action Taken<br>Choose a code from the table on the back of this form or comment |
|--|--|---|---------------------|---|
| Name   |  | Current                                     |                     | Code/Comments   |
|  |  | 30 days                                     |                     |   |
| Company No. or other<br>Registration No. (ACN, ABN)  |  | 60 days                                     |                     |   |
| Address  |  | 90 days                                     |                     |   |
|  |  | 90+ days                                    |                     |   |
| Terms of Payment                                     |  | <b>Total</b>                                |                     |   |
| Name   |  | Current                                     |                     | Code/Comments   |
|  |  | 30 days                                     |                     |   |
| Company No. or other<br>Registration No. (ACN, ABN)) |  | 60 days                                     |                     |   |
| Address  |  | 90 days                                     |                     |   |
|  |  | 90+ days                                    |                     |   |
| Terms of Payment                                     |  | <b>Total</b>                                |                     |   |
| Name   |  | Current                                     |                     | Code/Comments   |
|  |  | 30 days                                     |                     |   |
| Company No. or other<br>Registration No. (ACN, ABN)  |  | 60 days                                     |                     |   |
| Address  |  | 90 days                                     |                     |   |
|  |  | 90+ days                                    |                     |   |
| Terms of Payment                                     |  | <b>Total</b>                                |                     |   |
| Name   |  | Current                                     |                     | Code/Comments   |
|  |  | 30 days                                     |                     |   |
| Company No. or other<br>Registration No. (ACN, ABN)  |  | 60 days                                     |                     |   |
| Address  |  | 90 days                                     |                     |   |
|  |  | 90+ days                                    |                     |   |
| Terms of Payment                                     |  | <b>Total</b>                                |                     |   |

## Signature of Insured

|                         |  |                     |     |
|-------------------------|--|---------------------|-----|
| Company Name of Insured |  | Policy Number       |     |
| Name of Signatory       |  | Position in Company |     |
| Email                   |  |                     |     |
| Signature               |  | Date                | / / |

## Reason Codes

| Code No. | Reason for Non Payment      | Code No. | Reason for Non Payment     | Code No. | Reason for Non Payment     |
|----------|-----------------------------|----------|----------------------------|----------|----------------------------|
| 01       | Disputed invoices           | 11       | Paying instalments         | 21       | Progress claims/variations |
| 02       | Account closed              | 12       | Stock returns              | 22       | Financial problems         |
| 03       | Legal action                | 13       | Slow account               | 23       | Bounced cheques            |
| 04       | Credit claims/request       | 14       | Technical dispute          | 24       | Contra / set-off claimed   |
| 05       | Temporary cash flow problem | 15       | Comm/warranty dispute      | 25       | Since paid                 |
| 06       | Copy invoices requested     | 16       | Claim submitted to QBE     | 26       | Contract repudiation       |
| 07       | Company insolvent           | 17       | Overdue portion since paid | 27       | Currency inconvertibility  |
| 08       | Payment promised            | 18       | Letter of demand sent      | 28       | Collections initiated      |
| 09       | Short payment               | 19       | Stop supply                | 29       | Payment delay              |
| 10       | Moratorium on debt          | 20       | No comment given           |          |                            |

## How to use this form

### Please print all answers clearly and:

- Please ensure that the full name of the buyer (legal entity), street address, Company number, ABN, ACN or other Registration No. (where applicable) are provided. In the case of an unincorporated buyer, the full business or association name must be stated.
- Please round the amounts owing to the nearest whole unit of currency and specify currency.
- Once an account is reportable, all amounts owing (including current, 30 days, etc.) must be shown.
- You must continue to report a Notifiable Event until such time as a Claim Form has been submitted or the Notifiable Event no longer exists.
- Where no Notifiable Events have occurred during a particular month, a "Nil" return should be submitted.
- If your TOP are not counted from date of dispatch please indicate basis in "code/comments" column
- 'Current' in respect to the aging of debt refers to dispatches made during the month but in respect of which the TOP period has yet to commence.
- Please ensure your company name and policy number are provided, and that an authorised officer has signed and dated the bottom of the form.
- Mail or fax the completed form to the arranger of your Policy or to us, using the address or fax numbers below.
- If you have any queries, please contact us or the arranger of your policy.