



PROOF OF LOSS FORM

COMPREHENSIVE CREDIT INSURANCE

INSURED: _____
Address: _____
Fax No: _____ Telephone No: _____

BROKER: _____
Address: _____
Fax No: _____ Telephone No: _____

LOSS PAYEE: _____
Address: _____
Fax No: _____ Telephone No: _____

I. COVERAGE

1. Specify the policy number under which Loss is claimed.
_____ Comprehensive Credit Insurance Policy No. _____

2. Name the Buyer and briefly describe the circumstances that resulted in the Loss:

3. Describe the products shipped to the Buyer: _____

II. SUMMARY OF TRANSACTIONS

Contract Invoice Number	Contract Invoice Date	Gross Invoice Value	Terms of Payment	Shipment Date	Due Date	Amount Already Paid

(If additional transactions, please attach a separate sheet.)

III. CALCULATION OF LOSS

A.

Gross Invoice Value (Specify Contract Currency)

₪ _____

Interest, if any and if insured under policy, accrued and unpaid to the Due Date:

₪ _____

TOTAL:

₪ _____

Less:

a) any discount or other similar allowances:

₪ _____

b) any amounts received from any source as or towards payment for the Eligible Shipment, including realization of any security (specify which and itemize):

₪ _____

c) any expenses saved by the Insured by the non-payment of agent's commission, non-fulfillment of the Contract of Sale or otherwise:

₪ _____

d) any local tax saved due to non-payment of the Gross Invoice Value:

₪ _____

e) any interest, penalty or otherwise, included in such gross invoice amount:

₪ _____

f) the invoice amount of any Goods Insured that were not shipped or delivered to or not accepted by the Buyer, or which were returned by or recovered from the Buyer (by reclamation or otherwise) before payment of a Loss:

₪ _____

TOTAL of a) - f) :

₪ (_____)

TOTAL LOSS CLAIMED:

₪ _____

IV. DOCUMENTATION

Please attach copies of the following documents and any other material you believe pertinent to the Loss. Preserve all original documents. Indicate type(s) of document(s) attached:

1. () Contract(s).
2. () Invoice(s).
3. () Bill(s) of Lading, or equivalent evidence of sale or export (as applicable).
4. () Correspondence to and from the Buyer, guarantor, collection agent, bank or agent showing steps taken to effect collection and to mitigate the amount of the Loss. In case of insolvency of the Buyer, submit all relevant documentation evidencing such insolvency.
5. () Sales/Receivable ledger with the Buyer showing shipment (or billing) date, due date, and payment date, commencing at least one year prior to the sale which resulted in this Loss.
6. () Unpaid draft(s), bills, invoices etc.
7. () In the event of a transfer risk Loss, evidence from the bank or other depository in the Buyer's Country that local currency was deposited by the Buyer in payment for the insured sale and that such amount is still on deposit.
8. () Bank advice of Buyer's nonpayment, if applicable.
9. () Documentation supporting extension of credit to the Buyer, including financial statements, agency reports, trade references, and internal reports and visit reports.
10. () Others, as required by the Company's loss adjuster.

Remark: The documents required for claim assessment as mentioned above is a list of minimum documentation required to process your claim. In certain circumstances, additional information/documents may be required in order for further assessment.

Contact us at Tel. + 66 2 649 1999 email: thclclaims@aig.com

V. WARRANTIES OF THE INSURED

We hereby warrant and certify:

- A. That there is not outstanding and unsettled any dispute or any issue raised by the Buyer regarding the sale/Eligible Shipment.
- B. That except for the discounts and the allowances set forth in Section III above, we have not granted or paid, nor assumed a future obligation to pay, any discount, allowance, rebate, commission, fee or other payment in connection with the sale/Eligible Shipment to any party.
- C. That we have complied with the terms and conditions of the policy of insurance under which this Loss is submitted. We further warrant and certify that the information furnished herein is true and correct and that no material fact relating to this Loss has been withheld.
- D. That we agree to execute the Release and Assignment form prescribed by the Company.
- E. That payment in the amount of ₱_____ be made to the Insured subscribed hereto and/or to _____ as loss payee of the Insured subscribed hereto.
- F. That a valid and enforceable obligation exists against the Buyer.

(Insured Name)
Signature of Authorized Representative

Print Name: _____

Title: _____

Date: _____