

Domestic Credit Insurance Policy (DCIP)



Claim Form

(Separate form is to be used for each buyer)

1. Name & Address of the Policyholder : _____

2. Policy No. : _____

3. Policy Period : _____

4. Name & Address of the Buyer : _____

(provide buyer code if available)

5. Amount of Limit available on the Buyer : Rs _____

6. Experience with the buyer

(Please furnish the details of sales for the last two years. Kindly use this format in a separate sheet)

S No.	Date of Sales	Invoice Value (In Rs)	Terms of Payment	Due Date	Realization Date

7. Cause of Loss : ☐ Protracted/Willful Default by the Buyer **OR** ☐ Insolvency of the Buyer

8. Details of supplies made for which claim is lodged

(Use separate sheet, if necessary)

S No.	Invoice No.	Date of Invoice	Gross Invoice Value (In Rs)	Date of sales	Terms of Payment	Due Date	Amount Repaid if any (In Rs)	Amount Due (In Rs)	Date of Submission of first Overdue

9. Description of action initiated to recover the debt

(Use separate sheet, if necessary)

10. Amount of Loss

Gross Invoice Value			Rs
Less:	(i) Part payment received, if any	Rs	Rs
	(ii) Amount saved as commission etc., if any	Rs	
	(iii) Set off, if any	Rs	
Amount of Loss			Rs

DOCUMENTS ENCLOSED:

(All copies of the documents should be certified by the Bank / Chartered Accountant)

- | | |
|-------------------------------------|--|
| I. Contract / Order | IV. Recall notice / Copy of legal notice |
| II. Invoice | V. Correspondence with the buyer |
| III. Proof of Delivery (LR/RR etc.) | VI. Proof of action initiated for recovery, if any |

We hereby undertake:

- a) To pursue all recovery steps, directly or through a specialized debt collecting agent / lawyer.
- b) To pay to ECGC immediately any recoveries effected and keep the money in trust till such payment in made to ECGC
- c) We hereby agree and undertake that we have not directly or through any other person or firm offered, promised or given nor shall we offer, promise or give, to any employee of ECGC involved in the processing and/or settlement of the claim or to any third person any material or any other benefit which he/she is not legally entitled to, in order to obtain in exchange advantage of any kind whatsoever before, during or after the processing and/or settlement of claim.

We declare that

- a) Except as already disclosed we hold no sums, credits, security, or indemnity against this account and that we have no claims against our agent in respect of declared risks assumed by them. We have not assured, assigned, pledged, or otherwise disposed of any part of the purchase price received under the contract except as already disclosed.
- b) The information given herein to be true and correct in every particular.

We accordingly claim payment of Rs _____ (Rupees _____
 _____ only) being ____ % of the loss of Rs _____. The amount in
 settlement should be paid to our banker/s _____
 _____ (Name and address of the Bank) and
 bank's receipt shall be in full legal discharge to ECGC.

Date: :

Place :

Signature of Authorized
 Person _____

Official Seal of the Insured _____

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(To be filled in by the Bank / Chartered Accountant)

Name and Address of the Buyer : _____

S No.	Invoice No.	Date of Invoice	Gross Invoice Value (In Rs)	Date of Sales	Terms of Payment	Recovery, if any (In Rs)	Remarks

We hereby certify that the above-mentioned invoices for the supply made by the supplier/exporter M/s _____ are outstanding from the buyer.

Name of the Bank /

Chartered

Accountant Firm

Signature of the

Authorized Person

Address

Name of the Official

Date

Official Seal
