

CREDIT INSUARNCE POLICY FOR FINANCIAL INSTITUTIONS - CLAIM FORM (NOTIFICATION OF OVERDUE ACCOUNT)

UIN:IRDAN106CP0016V01202122

Buyer No: Insured full name a	
Dividuo full managa and adduses :	nd address :-
Buyer's full name and address :-	
GSTIN:	
Name of contact person & Tel :-	
Address of Invoices (if different from above) :- Invoice Issued by (f different from above) :-
Details on Overdues	
Invoice Ref Inv. date Due Date Cur Amount Amou	AYMENTS OR CREDIT NOTES nt Date Remarks
Trivoice Rei Triv. date Due Date Cui Amount Amou	it Date Remarks
Net Outstanding Amount (Exclud	ing tax/VAT if any)
(As per the Statement Of Account)	ing tax/VAT if any)
(18 per the statement of Accounty)	
Reasons for Non Payment	
•	
Cash Flow problem Insolvency Bank transfer dela	y □ Trade Dispute □
Others (specify)	
Others & (specify)	-
Other details	
Measures taken so far to effect recovery:	
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Measures taken so far to effect recovery: Securities held against the debtor: What is the usual terms of payment given to the buyer? Days Have you applied for an extension of terms with this buyer previously? Ye	
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