

BILLING AND SETTLEMENT INSURANCE (IATA) CLAIM FORM

AGENCY DEFAULT CLAIM FORM

Policy no: _____

BSP OR CASS AGENT:	BSP / CASS
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SECTION 1

ADDRESS OF IATA OFFICE MAKING CLAIM:	

COUNTRY: _____	EMAIL ADDRESS: _____
TELEPHONE NUMBER: _____	(Area Code: _____) _____
FASCIMLIE NUMBER: _____	(Area Code: _____) _____

SECTION 2

AGENT IN DEFAULT (Full name and any Trading Names):	

IATA NUMBER:	_____
ADDRESS OF THE AGENT:	

CONTACT NUMBER OF THE AGENT:	

EMAIL ADDRESS OF THE AGENT:	

PERIODS OF DEFAULT:	
From: _____	TO: _____
From: _____	TO: _____
From: _____	TO: _____
From: _____	TO: _____
DATE AGENCY DECLARED IN DEFAULT : ____/____/____	
DATE AGENCY DECLARED IN TERMINATION: ____/____/____	
DEFAULTED AMOUNT (please state currency): _____	
AMOUNT CLAIMING (please state currency): _____	



ADDITIONAL DOCUMENTS REQUIRED:

1. Copy of IATA's letter(s) declaring the Agent in default and all other letters sent to the agent in connection with the default.
2. The BSP Billing Analysis for the relevant period(s)
3. A statement of the Agent's net sales through BSP during the 12 months immediately preceding the month when determination of the SUM Insured was made in respect of the agent.

DECLARATION

We International Air Transport Association ("IATA") confirm the above information to be correct and to the best of our knowledge and agree and confirm that on settlement of the above claim to ourselves that we will simultaneously give full legal subrogation rights to IFFCO-TOKIO in consideration of the sum received and understand this forms part of the policy terms and conditions of the Insurance Policy in our possession. We understand that we will be required to complete a release of claim and subrogation receipt supplied by IFFCO-TOKIO in this respect.

Signed on behalf of IATA (Manager only) _____ Date ___/___/___
Print Name

PLEASE COMPLETE ALL SECTIONS WITH ALL ORIGINAL ADDITIONAL INFORMATION TO BE SENT TO IFFCO-TOKIO