

GLOBALLIANCE CONTRACT

CLAIMS ADVICE

Please send by letter or fax to the following address:

Coface Sverige
 Kungsgatan 33
 11156 Stockholm
 Sweden

Fax: +46 (0) 8 534 81 529

Insured:

Contract-No.: _____

BUYER

Complete name (legally binding), address (head office) and country:

Coface-No.: _____ **Your Ref.-No.:** _____ **Claim-No.:** (if known) _____

"named" buyer (Buyer with a Credit Limit set by us)

"unnamed" buyer (Buyer with a Credit Limit set by you within the Discretionary Zone)

CLAIMS ADVICE

Please use this form only for the notification of the insured event **"Insolvency"** according to the definition in the General Provisions.

DEBT AND EXISTING INSURANCE COVER

Total debt, including bills of exchange (currency): _____ **Thereof uninsured (currency):** _____

Credit Limit: _____ **Valid from – to:** _____ **Insured percentage:** _____ %

Credit period: _____ **Days** **"Overdue Account" notified on:** _____

Retention of title: No Yes

Other securities: No Yes, as follows: _____

The rights out of retention of title / other securities will be asserted, whereby the total debt will be reduced by (currency): _____

INSURED EVENT (according to the definition "Insolvency" of the General Provisions)

Institution of insolvency proceedings or rejection owing to the lack of assets* (Please attach documents **A, B, F, G** initially)

Acceptance of a scheme of arrangement for debt settlement sanctioned by the court* (Please attach documents **A, B, F, G** initially)

Compromise with all creditors arranged out of court* (Please attach documents **C, F, G** initially)

Levy of execution without success* (Please attach documents **D, E, F, G** initially)

* = or corresponding fact by another system of law which is substantially equivalent in effect to the mentioned fact

We attach copies of the following documents:

A: Court order **B:** Proof of debt **C:** Proposal with status

D: Title of execution and bailiff's return **E:** List of assets

F: Account sheets (starting one year prior to the occurrence of the insured event – if payment by bills of exchange, please state due dates)

G: Information report (for "unnamed" buyers) **H:** Others: _____

Remarks:

Date: _____ Legally binding signature: _____