



APPENDIX I

**PROOF OF LOSS FORM
 COMPREHENSIVE EXPORT 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 type of policy and policy number under which Loss is claimed.

_____ Comprehensive Export Credit Insurance Policy No. _____
 _____ Credit Risk 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, attach a separate sheet.)



III. CALCULATION OF LOSS

A. Post-Delivery Coverage

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) - e) :** \$(_____)
TOTAL LOSS CLAIMED: \$ _____

B. Pre-Delivery Coverage

(Complete this Section B only if this is a pre-delivery loss and your
 policy includes pre-shipment coverage.)

Direct material costs for raw materials, work in progress and finished
 goods awaiting shipment: \$ _____

Direct material handling costs and assembly labor costs incurred by the
Insured in performance of the Contract of Sale up to the Date of Loss:
 \$ _____
 TOTAL: \$ _____

Less:

- a) any discounts or other similar allowances: \$ _____
- b) any amounts received from any source as or toward payment of the
 purchase price under the Contract of Sale, including realization of any
 security and resale of the products
 (specify which and itemize):
 _____ \$ _____



- c) any amount which the Buyer would have been entitled to deduct by way of credit, set-off or counter-claim: \$ _____
- d) any expenses saved by the Insured by the non-payment of agent's commission, non-fulfillment of the Contract of Sale, or otherwise: \$ _____
- e) any local tax saved by the Insured due to non-payment: \$ _____
- TOTAL of a) - e): \$(_____)
- 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. () Other

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.

I hereby warrant and certify that we have complied with the terms and conditions of the policy under which this claim has been submitted, that the information furnished herein is true and correct, and no material fact relating to the transactions hereinabove described has been withheld.

I agree to submit such additional information to, and take such action as may be requested by, the Company pursuant to the policy and to execute the release and assignment form prescribed by the Company.

(Name of Insured)

Signature Sworn and Subscribed before
me this ____ day _____, 20____.

Signature of Authorized Representative

Print Name: _____

Title: _____

Date: _____

Notary Public