

TRADE CREDIT INSURANCE INSURANCE POLICY

UIN: IRDAN108CP0070V02201819



WITH YOU ALWAYS

The information contained in this form is for the use of

PROPOSAL FORM

1 APPLICANT INFORMATION

Applicant Company Name:			
Complete Mailing Address with Postal Code (for all correspondence)			
Telephone No.	Fax No.	Email	
PAN (card number)			
Company Registration No.			
Contact Person Name & Job Title with Email address			
Insurance requirement <input type="checkbox"/> Domestic only <input type="checkbox"/> Export only <input type="checkbox"/> Domestic & Export Combined			
Source of Funds (Tick box sources of fund) <input type="checkbox"/> Salary, <input type="checkbox"/> Business, <input type="checkbox"/> Inheritance, <input type="checkbox"/> Investments, <input type="checkbox"/> Other (Please specify)			
Mandatory document of sources of fund (Premium) <input type="checkbox"/> Annual Reports <input type="checkbox"/> ITR <input type="checkbox"/> Other (Please specify)			
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Non Indian			
If Non-Indian, please specify Country			
Type of Organization Corporations <input type="checkbox"/> Government <input type="checkbox"/> Non Governmental Organizations <input type="checkbox"/>			
Society <input type="checkbox"/> International Organization <input type="checkbox"/> Trust <input type="checkbox"/>			
Partnership <input type="checkbox"/> Cooperatives <input type="checkbox"/> Section 25 Company <input type="checkbox"/>			
Do you have an existing credit insurance policy. If yes, please mention the name of the Insurer:			
Please specify the reason behind shifting to other insurance company			
Joint Applicants (if yes please ensure the information on all applicants is provided-using a separate sheet if necessary)			
Do you have invoice discounting/factoring arrangements? (if yes, please give details of the bank and the arrangement)			
GSTIN/UIN Number of Client			
Communication Address / Address of Registered			
State Name of the Customer			

2 BRIEF DESCRIPTION OF BUSINESS

Type of goods sold by insured to buyer / services provided to buyer
Nature of business i.e. manufacturer, trader, etc.,? (state which)

3 TURNOVER

Please state currency for all figures in this proposal form:

Financial Year	Gross Turnover (INR Crores)
2014-15	
2015-16	
2016-17	
2017-18	
2018-19 (Estimated)	

Percentage of Total Turnover by..				
% Credit	% Cash	% L/Cs	% Inter-co	Total (%)
				0%

Please specify the Policy Limit of Liability requested (in INR Crores)

Please attach your most recent audited financial accounts.

NOTES Please note All information from this section onwards should pertain to insurable sales i.e. open account sales. Sales to group companies, Sales on Cash/LC /BG /Advance should be excluded. Sales to Govt Dept/Undertaking should be excluded

Countries (Top 10)	Estimated Annual Turnover (INR Crores)	Maximum Exposure at any one time (INR Crores)	Approx No. of accounts	Normal Terms and method of payment including credit period
Total	-	-		

Do you sell to countries not included above? ☐ YES ☐ NO
(If yes, please state countries, turnover and reason for their exclusion)

Do you have any accounts where you have agreed to terms that differ from your normal terms of payment?
(If yes, please give details)

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24x7 Toll Free No: 1800 266 7780 | E-mail: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425

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4 ANALYSIS OF LOSSES

In the event of an abnormal loss in any year, an explanation of circumstances must be attached					
Financial Year	Total bad debt losses (INR Crores)	Recoveries (INR Crores)	Number of bad debts	Largest Single Loss (INR Crores)	Remarks
2013-14					
2014-15					
2015-16					
2016-17					
2017-18					
Total	-	-		-	

Please complete top losses above hereunder

5 PRINCIPAL LOSSES

Financial Year	Name, Address & Country	Amount (INR Crores)	Reason for default	Action Taken
Total		-		

Please attach additional page(s), if required.

6 ACTIVE ACCOUNTS - DEBTOR ANALYSIS

As at:

Please indicate the number of debtors, by size and indicate percentage of debtor balance / total debtor balance in each band.

Outstanding Debt	Number of debtors	Aggregate Amount owing (INR Crores)	%	Outstanding Debt	Number of debtors	Aggregate Amount owing (INR Crores)	%
Less than 250,001				INR 5,000,001-7,500,000			
INR 250,001-500,000				INR 7,500,001 to 10,000,000			
INR 500,001-1,000,000				Above 10,000,001			
INR 1,000,001-2,000,000				Accrued sales not due			
INR 2,000,001-3,000,000				Credit balances and adjustments			
INR 3,000,000-4,000,000							
INR 4,000,001-5,000,000				Total			0%

7 DEBTOR AGED ANALYSIS

As at:

	Amount (INR Crores)	%		Amount (INR Crores)	%
Current - not yet due			61-90 days overdue		
1 - 30 days overdue			> 90 days overdue		
31 - 60 days overdue			TOTAL		

8 OVERDUE ACCOUNTS

If you have any accounts which are seriously overdue or causing you anxiety, please give details of debtors name, address, company registration number, amount outstanding, original due date and action taken. If not please state none.

Name & Address	Amount O/S (INR Crores)	Original due date	Reason (s) for overdue	Action taken

9 List of Top 12 buyers

Name, Address and Country	Projected Sales (next year) INR Crores	*Credit Limit Required (INR Crores)	Payment Terms (Days)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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10 CREDIT MANAGEMENT

Who is responsible for the company's credit mgt?	Name : <input type="text"/>
	Position : <input type="text"/>

a) Are credit limits established on individual customers?

b) On what basis is a specific credit limit established? (financial or otherwise)

Status Reports	Yes / No	Agency Name: <input type="text"/>
Bank Reports	Yes / No	<input type="text"/>
Audited / management accounts	Yes / No	<input type="text"/>
Trading experience	Yes / No	<input type="text"/>
Personal visits made to the customer?	Yes / No	Please state frequency of visits: <input type="text"/>
Any other sources	Yes / No	<input type="text"/>

c) How often is credit information updated?

d) How often is a credit limit reviewed and on what basis?

e) What information do you use when reviewing the credit limit?

f) How many days after due date do you normally...?

... stop further supplies	No. of days	Who has the authority to take action?
... take collection action	<input type="text"/>	<input type="text"/>
... take legal action	<input type="text"/>	<input type="text"/>

11 DECLARATION

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by

Signature of the Proposer:

Name & Signature of agent/intermediary:

Code:

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Name & Signature of agent/intermediary:

AML declaration

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

*Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Section 41 of Insurance Act 1938 (Prohibition of rebates)

- No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us

We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

We understand that the Company has the right to call for documents to establish sources of funds.

The insurance company has right to cancel the insurance contract in case we have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Authorised Signature of Applicant(s)

Date

Name of Signatory

Position in Company

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Company Stamp

To be completed by Broker / Agent

Name

Address

Tel:

Fax:

Email:

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the

Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No. (Intermediary/Corporate Agent/Broker/Relationship)

Name of the specified Person and code

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