



# THE NEW INDIA ASSURANCE COMPANY LIMITED

(A Public Sector General Insurance Company)

## Credit Insurance – Risk Office

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Converting Risk To Opportunities

### BUSINESS CREDIT SHIELD (DOMESTIC RISKS) PROPOSAL FORM

1.0 DETAILS OF THE PROPOSER:							
1.1	Company Name						
1.2	Address						
1.3	Date of formation		Reg. No.				
1.4	Website Address		E-mail				
1.5	Contact Person		Designation				
1.6	Telephone no.		Fax No.				
1.7	Nature of business						
1.8	Name & address of Banker						
1.9	All data are as of last FY date						
1.10	All amts are in Rs. lacs/crores etc						
2.0 DETAILS OF TURNOVER:							
2.1	Projected Domestic Turnover for the current financial year from _____ to _____						
2.2	Projected Insurable Domestic Turnover (excluding cash sales/ sales to Govt. bodies& associates/LC sales-optional)						
2.3	Total no. of buyers to be covered under turnover in 2.2						
3. PAST TRADING EXPERIENCE :(For last five years - as of date in point 1.9)							
Year	Turnover	Credit Sales	Bad Debts			Name of Largest debtor	
			Nos	Total Amount	Amount recovered		Amount of largest bad debt
In event of abnormal loss, explanation of circumstances may be attached in a separate sheet.							
4. DISTRIBUTION OF DEBTORS :[As on the date mentioned in point 1.9]							
Debt Range Amt. (A)	No. of debtors (B)	Total amt of debt outstanding (C)	Amt. outstanding as a % of Total:				
			Turnover (D)*	Debtor Balance (E)**			
Under							
_____ to _____							
_____ to _____							
_____ to _____							
_____ to _____							
Over _____							
<b>TOTAL</b>							
*(D) = Amt in C x100/ Amt in point 2.2			** (E) = amt in C x 100/ Total of C				
5. QUARTERLY DEBTOR BALANCE ENDING AS ON : (Either provide quarterly debtor balance for 4 quarters ending last completed quarter or for 4 quarters of the last financial year)							
Previous 31 <sup>st</sup> March ....		Previous 31 <sup>st</sup> Dec. ....		Previous 30 <sup>th</sup> Sept .....		Previous 30 <sup>th</sup> June .....	
6. AGEWISE DEBTOR ANALYSIS AS ON (DATE) : _____ ( Please state amounts)							
Current not due (A)	1-30 days overdue (B)	31-60 days overdue (C)	61-90 days overdue (D)	>90 days overdue (E)			
7. TERMS OF PAYMENT: (State terms of payment of invoices submitted to buyers as percentage of turnover)							
No. of days from:-		Invoice date <input type="checkbox"/> AWB/LR/RR date <input type="checkbox"/> Others (Specify) _____					
CAD/DP _____ %	30 days _____ %	60 days _____ %	90 days _____ %	120 days _____ %	Other _____ %		

<b>8. DEFAULTING BUYERS :</b> (Please give buyer-wise details with overdues > 90 days as on date in para 6.)					
Name	Total Amt. O/s	Due date of earliest invoice	Action Type being taken	Amt of debt in dispute	
1					
2					
3					
4					
5					
6					
7					
<b>TOTAL</b> (Please attach separate sheet if required)		*	NA	NA	
* Total under this column should tally with amt in para 6 (E).					
<b>9. DETAILS OF BUYERS:</b> (Please give details as per Annexure 1 attached.)					
Name and address (Please give complete address with pin code and contact nos. like telephone, fax, E-mail)	Turnover Amt	Normal terms of payment including credit period	Max amt of Exposure at any time.	Amt of Credit limit required	Details of security held & amt
<b>10. 0 CREDIT MANAGEMENT:</b>					
10.1 Who is responsible for credit control?	Name:		Designation:		
10.2 How many days after due date do you	No. of days		Who has authority to take action		
10.2.1 .... Stop further supplies					
10.2.2 .... take collection action					
10.2.3 .... take legal action					
10.3 Please attach a copy of your Credit Management manual if available.					
<b>11. 0 GENERAL INFORMATION:</b>					
11.1) Please attach copies of your audited accounts for last 3 years.					
11.2) Please attach copy/ies of Specimen invoice/s.					
<b>12. DECLARATION:</b>					
<p><b>We declare and warrant that the information given by us on this form and any attachment is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in fixing the premium and accepting the risk.</b></p> <p><b>We shall disclose to you all material facts and circumstances and act with utmost good faith at all times. This proposal forms the basis of the contract of insurance and, in the event of any answer or declaration proving untrue, the contract shall be void at the company's option.</b></p>					
<b>For and on behalf of:</b>					
<b>Signature:</b>			<b>Date:</b>		
<b>Name:</b>			<b>Designation:</b>		

