

PART I

Bank Information

• Bank Name	
• Branch	
• Address	
• Person in Charge (Name)	
• Phone No	

Insurance Policy Details

• Credit Guarantee Insurance Policy No:	
• Policy Issue Date	

Borrower Information

• Borrower's Name	
• Business/Company Name	
• Loan Account No	
• Loan Approval Date	

Loan Financial Details

• Original Loan Amount	(MMK)	
• Outstanding Principal	(MMK)	
• Outstanding Interest	(MMK)	
• Total Claimed Amount	(MMK)	

Reason for Claim Submission

The borrower has defaulted on repayments in accordance with the terms and conditions stated in the loan agreement. Despite multiple reminders, notices, and recovery efforts made by the Bank, the outstanding loan balance has not been recovered to date.

• Loan Default Details:	
• Date of Default	
• Days Overdue	
• Recovery Actions Undertaken by the Bank	
• Current Status of the Borrower	

Claim Payout Calculation

In accordance with the rules and regulations of the Credit Guarantee Insurance Policy, the following amount is hereby claimed for compensation:

- | | |
|----------------------------|--|
| • Particulars Amount (MMK) | |
| • Outstanding Principal | |
| • Insured Accrued Interest | |
| • Total Claim Amount | |

Attached Supporting Documents

- | | |
|---|--|
| • Loan Agreement | |
| • Loan Approval/Sanction Documents | |
| • Insurance Certificate / Policy Copy | |
| • Loan Repayment Schedule | |
| • Outstanding Account Balance Statement | |
| • Reminder Notices / Demand Letters | |
| • Recovery Action Logs/Records | |
| • Business Plan | |
| • Other Supporting Documents/Certificates | |

Confirmation and Declaration

- I hereby certify and confirm that the information provided in this claims form is true and accurate. I further confirm that the Bank has undertaken all necessary recovery procedures in accordance with the stipulations of the Credit Guarantee Insurance Policy.

Authorized Bank Official

Name : _____

Position : _____

Bank Name : _____

Date : _____

Signature : _____

PART II

Litigation Status	
• Date of First Default on Principal / Interest Payment [DD/MM/YYYY]	
• Date of Loss Occurrence (91st Day after Default) [DD/MM/YYYY]	
• Date of Court Case Registration [DD/MM/YYYY]	
• Court Case Number	

Statement of Claim Calculation		
No	Description	Amount(MMK)
1.	Outstanding Principal Loss	
2.	3-Month Interest Amount	
3.	Total Estimated Loss	
4.	Preliminary Claim Amount (50% of Principal Loss + 3-Month Interest)	

Lender's Declaration & Undertaking

We undertake that any recoveries subsequently received from the borrower, whether through collateral auction/sale or other recovery measures, shall be appropriately settled with the insurer to the extent of any claim amount previously paid by the insurer.

Authorized Bank Representative

- Name & Position : _____
- Signature & Official Seal : _____
- Date: [DD/MM/YYYY] : _____

PART III

Litigation Status

- Date of First Default on Principal / Interest Payment: [DD/MM/YYYY]
- Date of Loss Occurrence (91st Day after Default) : [DD/MM/YYYY]
- Date of Court Case Registration : [DD/MM/YYYY]
- Court Case Number :
- Date of Court Judgment / Decree : [DD/MM/YYYY]

Final Claim Calculation

No	Description	Amount(MMK)
1.	Outstanding Principal Loss	
2.	3-Month Interest Amount	
3.	Total Estimated Loss	
4.	Preliminary Claim Paid (50% of Principal Loss + 3-Month Interest)	
5.	Amount Recovered through Court Judgment / Decree	
6.	Proceeds from Sale of Collateral	
7.	Net Final Claim Payable by Insurer	
8.	Amount Refundable to Insurer	

Authorized Bank Representative

- Name & Position : _____
- Signature & Official Seal : _____
- Date: [DD/MM/YYYY] : _____