

Claim for Payment(Indemnity Proceeds)



Contents of Bond Contract

Bond No.			
Principal		Beneficiary	
Bond Amount		Bond Period	

I/We, the Beneficiary(ies), hereby file a claim for Indemnity Proceeds payment in regard to the Bond above.

Claim Details

Claim Amount	
Reason of Claim	<i>Stating in what respect the Principal is in breach of his/her obligations</i>

Bank Account Details

Bank Name		Account Holder	
Account No.		CMS Code	

- ※ Attachment :
1. The Bond or a copy thereof
 2. A document(s) identifying the Beneficiary
 3. A copy of the Underlying Contract
 4. A Written Statement of the Principal's Breach of the Underlying Contract
 5. A document(s) specifying the loss
 6. Other document(s) required by the Company
 7. A copy of Bank Account for remittance

YYYY / MM / DD

Beneficiary

Company Name	<i>Stamp of Company</i>		
Representative Name	<i>Authorized Signatory and/or Seal of Company</i>		
Address			
Person in Charge		Position Held	
Department		Contact Details	Tel : Fax : e-mail :

※ Attachment : Certificate of Registered Company Seal of the Beneficiary or equivalent certificates

To Seoul Guarantee Insurance Company