

# Information about loss and lack of payment

Claim form

#### How to

Fill out the form on the screen and save it to your computer. Hereafter email the form to claims-collections.dk@allianz-trade.com.

#### Information needed for the claim handling

 Please provide copies of the following documents, which are needed to assess your claim - please indicate the ones you have enclosed

 All outstanding invoices (and credit notes regarding the outstanding amount)

 Statement of account showing the period 6 months prior to the first outstanding until today (must show all movements on the account)

 Statement of account showing all open items

 Information about any payments that are not shown on the statement

 The lodge of your claim (if bankruptcy, dissolution or reconstruction)

 The administrators confirmation of receiving the lodge in estate

 Circular letter from the trustee (if bankruptcy or reconstruction)

 Any judgement/basis for enforcement in this case

 Order confirmation

 Delivery confirmation, consignment note or similar

 Any correspondence with the debtor

## Please clarify if any of the above cannot be provided

### Your information

Policy no.		Company		
Contact person				
Phone no.		Email		
Information abou	t the debtor			
Company		Address		
EH ID		Your debtor ref. no.	CVR no./VAT*	

\*Alternatively company registration number for the relevant country.

Version 2.3

Date

# All invoices

No.	Invoice no.	Invoice date	Due date	Invoice amount	Outstanding invoice amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Tota	l amount (invoice	s)			

# Information about claim

Is the claim covered by CAP/SRC?		Yes	No	If yes, note the CAP/SRC policy no				
Is the claim covered under DCL?		Yes	No					
Reason for the claim								
Bankruptcy Reconstruction			'n		Other	$\downarrow$		
Insolvency	Composition with creditors							
Protracted Default	Liquidation (insolvency)							
Outstanding amount (excl. VAT, interest and fees)			Currency					
VAT percentage on invoices			Date of claim i	ncident				
Collection costs ex VAT				Disputes <sup>1)</sup>		Yes	No	
Was the case handled by a third party debt collection agency or lawyer? <sup>1)</sup>		Yes	No	Retention of title		Yes	No	
If yes, please state the original outstanding amount		And any collected amount				Currency		

1) These fields **MUST** be filled in for us to process your case.

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