

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 ¹⁾ | | Yes | No | |
| Was the case handled by a third party debt collection agency or lawyer? ¹⁾ | | 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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