

CLAIM FORM

For office use only

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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1. YOUR DETAILS

Lead Insured's name

Euler Hermes Policy Number
(9 digit number)

Do you have a CAP Europe Policy and wish to also claim under this Policy? Yes No

If Yes please provide CAP Europe Policy Number

Name of Creditor (other insured) for this Debt if different to above

MANDATORY

Please provide your contact details for this claim

Name Position

Preferred method of contact Email Post Fax

Please give us your email address / postal address / fax number as indicated

2. BUYER DETAILS

Full Company Name

Trading Style (if different)
(Mandatory for sole traders)

Proprietor(s) Name(s) (if not Limited)

Address

Postcode (if applicable) Country

National Identifier (eg Registration No) Euler ID

3. DEBT DETAILS

Currency

Exchange rate (if applicable)

| | | | |
|---|------------|------------|--------------|
| Invoice month and year <small>(DD/MM/YY)</small> | Net amount | VAT amount | Gross amount |
|---|------------|------------|--------------|

Total invoiced

Amount of any Work in Progress (as defined in your policy):

4. REASON FOR YOUR CLAIM

Reason Tick 1 box only

Buyer in Insolvency Statutory Protracted Default Inconvertibility Insured Peril Public Buyer Default

5. CONTRACTUAL TERMS OF PAYMENT

Please state your contractually agreed terms of payment

Number of days From date of Invoice Delivery

OR Number of days from end of month From date of Invoice Delivery

Other (please state)

6. CLAIM DETAILS

A. Trading with the buyer

Method of Trading (select one of the following)

Open Credit Consignment Stock Letters of Credit Bills of Exchange Other – Please give details

Are any of the unpaid invoices subject to a dispute? Yes No

If yes, please provide full details in Section 8, and confirm which invoices are disputed.

B. Action taken to recover the debt

Euler Hermes Collections Case Number (where applicable)

If Euler Hermes Collections were not instructed to recover this debt, please provide details of all collection action taken, including the third party used, the date when legal action commenced and copy correspondence.

C. Securities held Please indicate as shown

Retention of title – please give details

Guarantees Contra account Lien Other – Please give details

Action taken to enforce your security

6. CLAIM DETAILS (continued)

D. Justification for credit Please indicate what you have used.

Euler Hermes Approved Limit Trading History Credit Intelligence Opinion

Other – Please give details

E. Non-cancellable contracts Please indicate what you have used.

Are you claiming for any losses incurred after a reduction in cover under a Non-Cancellable contract as defined by condition 7 of the policy?

Yes No

Please note that you may choose between Delayed Effect and Non-Cancellable contract cover. However, the two may not apply together.

F. Trading Experience This section must be fully completed for us to consider any claim

Note: Please provide details of your account with the buyer by calendar month for the 12 months prior to the first outstanding invoice or, if more recent, from the date the account was opened. Please enter below an opening balance and include transactions during the period of the outstanding debt (including any dishonoured payments). **The final ledger balance should equal the total invoiced amount (gross) you have reported in Section 3 above.**

Date account was first opened

Currency

Opening balance

| Month & Year | Invoice totals | Payments received | Credit note totals | Month-end balance |
|-------------------------|-----------------------|--------------------------|---------------------------|--------------------------|
|-------------------------|-----------------------|--------------------------|---------------------------|--------------------------|

Was any payment dishonoured during the above period? Yes No

If Yes, please give details and enclose copy/originals

7. DOCUMENTATION

Please provide the following copy documentation and indicate which you have included.

Note: Failure to provide the correct documents may result in a delay in assessing your claim.

Please provide the documents below.

Statement of Account Orders Invoices Proof of delivery

For debts below £10,000 please provide a statement and at least one invoice and delivery note (if applicable). For debts above £10,000, please provide us with a sample of invoices and delivery notes (if applicable) from each month of the outstanding debt. .

In addition, please provide:

For Protracted Default claims:

Copies of Third Party collection action Evidence of Judgment & Execution

For Insolvency claims:

Evidence of formal insolvency Confirmation of Debt from the Insolvency Practitioner*

Copy of Proof of Debt sent to the Insolvency Practitioner*

* These items are available as a download from our website

Confirmation of Debt, ("COD"), is required for all debts above £20,000 / €20,000. For UK and Ireland debts, in the first instance, we will try to obtain COD on your behalf.

8 . ADDITIONAL INFORMATION

9. DECLARATION & AUTHORITIES

I/We agree that where a claim is paid in accordance with policy terms and conditions as soon as Euler Hermes UK ("EHUK") and/or Euler Hermes Ireland ("EHI") notify us of their payment of the claim I/we agree that our rights to any Salvage, including any dividend declared in the Insolvency of the Insured Buyer, will be automatically assigned to EHUK and/or EHI. I/We warrant that at the time of the assignment to you, we have full ownership of the debt as well as the rights to any Salvage.

I/We confirm that all documents relating to the debt are available for inspection if required. I/We authorise Euler Hermes UK and/or Euler Hermes Ireland to communicate on my/our behalf with any person dealing with the buyer's affairs.

I/We declare that to the best of my/our knowledge and belief, the information given here is true and correct in every respect.

Name of signatory

Position in company

Signature

Date

We will acknowledge your collection (if you have completed Section 5) and /or claim instruction (if you have completed Section 6) within 5 working days.

PLEASE RETURN THIS FORM TO EULER HERMES COLLECTIONS UK (applicable for both EHUK and EHI Clients)

By Email: csc@allianz-trade.com

By Post: Euler Hermes UK,
1 Canada Square,
London, E14 5DX

By Fax: From the UK: 020 7718 7260

Privacy Notice

We may process personal data provided by you, including personal data relating to the partners, directors, shareholders and employees of your business or your customers ("relevant data") for the purpose of carrying out credit insurance, risk assessment, debt collection and other associated activities ("relevant activities"). By supplying personal data relating to your customers, you confirm that you have notified and, where necessary, obtained consent from and are authorised by all relevant individuals to provide the personal data to Euler Hermes and to permit the processing of such data as set out in this notice. We may share such personal data with other members of the Euler Hermes Group and responsible third party agents, credit reference agencies, legal advisers and suppliers (where necessary, subject to effective transfer mechanisms, such as EU Standard Contractual Clauses or Binding Corporate Rules), which may also process the data for the purpose of carrying out relevant activities. We may also share relevant data with fraud prevention agencies, regulatory bodies and other law enforcement agencies (including the police), for the prevention and detection of fraud and money laundering. Further information on Euler Hermes' data processing activities can be found in our privacy notice at <https://www.allianz-trade.co.uk/privacy-notice.html>

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