

CLAIM FORM

INFORMATION ABOUT LOSS AND LACK OF PAYMENT

Version 2.0

How to

Fill out the form on the screen and save it to your computer. Hereafter you can either:

- Email the form to claims-collections.se@eulerhermes.com, or
- Send the form by post to Euler Hermes Sverige, Box 729, 101 34 Stockholm.

Date:	
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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)
- 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:

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Your information

Policy no.:		Company:	
Contact person:			
Phone no.:		Email:	

Information about the debtor

Company		Address:		
EH ID:		Your debtor ref. no.:		CVR no./VAT*:

*Alternatively company registration number for the relevant country.

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.					
Total amount (invoices):					

Information about claim

Is the claim covered under DCL?	Yes		No	
Reason for the claim:	Bankruptcy		Reconstruction	
	Insolvency		Composition with creditors	
	Protracted Default		Liquidation (insolvency)	
Outstanding amount (incl. VAT, interest and fees):			Currency:	
VAT percentage on invoices:			Date of claim incident:	
Collection costs ex VAT:			Disputes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the case handled by a third party debt collection agency or lawyer?	Yes		No	
			Retention of title:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the original outstanding amount:			And any collected amount:	Currency <input type="text"/>

Contact Euler Hermes
 Euler Hermes Sverige filial
 Sveavägen 98
 Postadress:
 Box 729
 SE-101 34 Stockholm

Tel.: +46 8 555 136 00
 contact.se@eulerhermes.com
 www.eulerhermes.se
 BNP Paribas: 9470-0024250
 Bankgiro: 5974-5463

Registrerat i Bolagsverkets filialregister
 Org.nr.: 516407-6233
 Euler Hermes SA
 Avenue des Arts 56
 BE-1000 Bryssel
 Reg.nr.: 0403.248.596 RPM Bryssel
 Försäkringsbolag registrerat enligt kod 418