



Policy number\*: \_\_\_\_\_

**DATA ON POLICY HOLDER**

Company name\* \_\_\_\_\_

Street \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Homepage \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**CONTACT PERSON**

Name \_\_\_\_\_

Position \_\_\_\_\_

e-Mail \_\_\_\_\_

Telephone \_\_\_\_\_

**YOUR BANK**

Bank \_\_\_\_\_

Bank code \_\_\_\_\_ Account number \_\_\_\_\_

(For the transfer of claim payments, unless the claims was assigned.)

**DATA ON YOUR CUSTOMER**

(Must be completed for customers within your discretionary limit, since we could have differing data.)

CRS-Number\* \_\_\_\_\_

Company name\* \_\_\_\_\_

Street\* \_\_\_\_\_

Postal code\* \_\_\_\_\_ City\* \_\_\_\_\_

Country\* \_\_\_\_\_

\* Must be completed.

Valid credit limit (EUR) \_\_\_\_\_

Insured amount from

- Credit limit  Discretionary limit  
(if also insured)

**ADDITIONAL DATA ON INSURED EVENT**

- Outstanding receivable

Amount **excl. VAT**\* \_\_\_\_\_ Currency\* \_\_\_\_\_

- Optional: other insured services/receivables (i.e. prime costs)

Amount **excl. VAT**\* \_\_\_\_\_ Currency\* \_\_\_\_\_

Type of claim

- Insolvency
- Court settlement
- Out-of-court settlement in agreement with Coface Austria
- Unsuccessful levy of execution
- Event similar to insolvency (if also insured)
- Delayed payment (if also insured)
- Delayed payment with collection (if also insured)

Date of insured event (i.e. insolvency proceedings opened on)\* \_\_\_\_\_

Start of collection measures (i.e. lawyer, default summons, etc.)\*

Date \_\_\_\_\_ Action \_\_\_\_\_

Brief description of previous collection results (must be completed if delayed payment / protracted default is also insured)

\_\_\_\_\_  
\_\_\_\_\_

Please note that all further steps must be coordinated with Coface Austria, or your insurance coverage may be endangered.

Retention of title or lien (amount):

Enforced \_\_\_\_\_ Currency \_\_\_\_\_

Realised \_\_\_\_\_ Currency \_\_\_\_\_

What goods/services form the basis for your claim?

\_\_\_\_\_  
\_\_\_\_\_

Other information on the claim (i.e. complaints, counterclaims, etc.)

---

---

---

Place, date

Authorized signature

### Required Documents

- For insolvency and settlement cases: proof that the receivable has been registered with the court and will be handled during legal proceedings
- For insolvency and settlement cases: proof that the receivable has been accepted for handling during legal proceedings (if available)
- List of outstanding receivables – signed by an official representative of the company
- Accounts receivable ledger sheet – signed by an official representative of the company
- Documentation on the starting point for the insured event (e.g. filing application for insolvency)
- For @rating limit inquiries that you have conducted: proof of results
- For insured receivables within your discretionary limit: documents that demonstrate fulfilment of your limit requirements for delivery
- For your insured prime costs: documents that show the calculation or composition of your costs in a brief but plausible manner

Please send these documents (in copy) to one of the following addresses:

Mail: Coface Austria Kreditversicherung AG  
Claims Department  
P.O. Box 237  
1011 Vienna

Fax: +43/1/515 54-339

e-Mail: [schaden@coface.at](mailto:schaden@coface.at)

### General Information

This form is designed to facilitate the fast processing of claims. Its use is recommended, but not mandatory. Coface Austria Kreditversicherung AG has the right to request additional documentation or information as described in the General Terms of Insurance, in the current version.

Please note that claims should be reported without delay, but no later than three months after occurrence of the insured event, or the right to compensation will be forfeited.