

Trade Receivables Insurance Claim Report

1. **Insured** (name): _____, Tax number: _____,
Address: _____,
No. of the bank account: _____, at the bank: _____,
Contact person for dealing with the claim: _____,
E-mail: _____.

Coinsured (name): _____, Tax number: _____,
Address: _____,
No. of the bank account: _____, at the bank: _____,
Contact person for dealing with the claim: _____,
E-mail: _____.

2. Receivables insurance policy number: _____.

3. **Information about the buyer (debtor)** (name): _____,
Address: _____, Country: _____,
Tax number: _____,
Personal registration number (EMŠO) (for sole traders): _____.

4. Information on receivables against the buyer

The table must include all unpaid receivables of the Insured against the buyer (also those that are not subject to insurance under the contract):

Sales contract no.	Invoice number	Invoice date	Invoice amount in EUR		Payment deadline
			Invoice total amount	Overdue unpaid	

Total amount of invoiced amounts that you claim: _____ EUR.

First overdue date of the first unpaid invoice: _____

Place of loss: _____

5. Beginning of business with the buyer (please specify date): _____

6. With the occurrence of which insured risk according to the General Conditions of Receivables Insurance you justify the occurrence of an insured event?

7. Were any measures taken to prevent or reduce the loss due to the occurrence / occurring of an insured event? If yes, please indicate which:

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8. Are there any additional guarantees from the buyer or a third party for unpaid receivables?

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9. **Notes** - additional information relevant for the handling of the claim:

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I, the undersigned, declare that all the given information is true. Knowingly providing false information may constitute a criminal offense of fraud according to Article 211, paragraph 2 of the Criminal Code KZ-1 and may result in the loss of insurance rights.



Zavarovalnica Triglav, d.d. processes the personal data contained in this form solely in connection with the settlement of the insurance case in accordance with and on the basis of the provisions of the Insurance Act. You can send a request for exercising your rights in relation to data processing to: info@triglav.si or Zavarovalnica Triglav, d.d., Miklošičeva cesta 19, Ljubljana, or fill in the online form at www.triglav.si. Basic information on the processing of personal data in the settlement of an insurance case is available via the link or QR code below. Comprehensive information on the protection of personal data is published in the Privacy Policy of Zavarovalnica Triglav at www.triglav.si.

Basic information on the processing of personal data when taking out and implementing insurance:
https://www.triglav.si/pdf/informacije_o_obdelavi_osebnih_podatkov.pdf

By signing this form, I declare that I agree that Zavarovalnica Triglav, d.d., forwards all documents, notices and inquiries related to this claim in electronic form to the e-mail address listed under point 1 of this form.

☐ Yes ☐ No

....., on

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Insured

10. **Attachments:**

- ☐ Documentation with which the Insured proves the occurrence of the insured event (court decisions...)
- ☐ Mutual rights and obligations arising from the sale (sales contract,...)
- ☐ Copies of unpaid invoices
- ☐ Statement of the debtor's account (showing an overview of the business in the last year before the occurrence of the insured event)
- ☐ 11 - Delivery notes (and transport documents)
- ☐ Documents proving the measures taken to recover unpaid invoices
- ☐ Reminder procedure (reminders, return notes, proof of set-off,...)
- ☐ Declaration of a claim in insolvency proceedings
- ☐ Documents relating to credit checks
- ☐ 693 - Other documentation