Notice of claim – accounts receivable insurance

Your account manager	Credit Insurance Customer Center
Phone	+41 58 215 25 25
E-mail	credit.support@axa.ch

Please complete this form, sign it, and send it – together with the necessary documents – to:
AXA Insurance Ltd., Thurgauerstrasse 36/38, P.O. Box 6938, 8050 Zurich

Policy no. _____ Policyholder _____

Debtor

First name, last name _____

Street/no. _____

Zip code/town or city _____ Country _____

Phone _____ Fax _____

Nature of insolvency

☐ Presumed insolvency
   (payment more than 60 days overdue)
☐ Certificate of loss
☐ Bankruptcy moratorium initiated
☐ Bankruptcy proceedings initiated

☐ Proposed settlement
☐ Check or bill of exchange protest
☐ Bankruptcy moratorium requested
☐ Bankruptcy proceedings requested
☐ Bankruptcy proceedings refused due to lack of assets

☐ Other _____

Mandate

The policyholder grants AXA Insurance Ltd., CH-8401 Winterthur power of attorney with right of substitution in order to collect the amounts listed on the next page and to defend the policyholder's interests against the debtor and any third parties. AXA is empowered

– to exercise all rights under the Swiss Debt Enforcement and Bankruptcy Act, the Swiss Code of Obligations, the Swiss Civil Code, and the Swiss Criminal Code
– to take all debt enforcement measures provided for by law
– to manage bankruptcy requests, complaints, and appeals
– to conduct attachment, bankruptcy, setting aside, and return proceedings
– to take precautionary measures and file lawsuits
– to agree settlements
– to provide payment receipts
– to file criminal complaints

The policyholder hereby agrees to refrain from independently engaging in negotiations or taking debt collection or other legal measures in connection with this claim once it has been reported. Furthermore, the policyholder agrees that AXA may delegate this debt collection mandate to a third party at its own discretion.

Enclosed documents

The policyholder must enclose photocopies of all relevant documents: account statement, orders, order confirmations, delivery notes, invoices, reminders, final demands, other correspondence, etc.

Place, date

Company stamp, signature

_____   _____

Unpaid invoices [1]

Invoices

Invoice no.	Date	Original due date	Outstanding amount in CHF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit notes

Date	Amount/currency
_____	_____
_____	_____
_____	_____
_____	_____

Current balance _____

Collateral
Have you received collateral?

☐ No
☐ Yes, specifically:

_____

_____

_____

Please note that any further deliveries you make to the debtor named above will not be covered by the insurance.

[1] Including all invoices that are not yet overdue

AXA Insurance Ltd., General-Guisan-Strasse 40, P. O. Box 357, 8401 Winterthur

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