

**Please fill in legibly in block letters or using a typewriter.**  
**Place a cross in the appropriate boxes.**  
**Please attach an extra sheet if the space for written details is insufficient.**

Please send the completed form to:  
Euler Hermes  
Kreditversicherungs-AG  
Division 5  
22746 Hamburg

_____		_____	
Policy No.		Claims No.	
_____			
Policy Holder, Insured			
_____		_____	
PO Box		Postcode, Town	
_____			
Street, Number			
_____			
Postcode, Town			
_____		_____	
Area code, Telephone		Contact person	
_____			
Payment to (Bank, Credit Institute etc.)			
_____			
Account holder			
_____		_____	
Bank sort code/SWIFT/BIC		Bank Account No.	

**1. Perpetrator**

\_\_\_\_\_

Sir Name, First name

\_\_\_\_\_

Date of birth                      in

\_\_\_\_\_

Address (Street, Number)

\_\_\_\_\_

Postcode, Town

\_\_\_\_\_

employed since                      as

Income \_\_\_\_\_                      EUR

**2.** Details of perpetrator's employment in the last three years prior to joining your company (times, employer(s) with address, please attach photocopies of written references and testimonials)

**3.** Is the perpetrator still employed by you?                       yes     no                      dismissed on \_\_\_\_\_

Has the perpetrator initiated a suit for unlawful dismissal?                       yes     no                      \_\_\_\_\_

Case No. of labour court

**4.** Amount of loss                      Amount                      EUR

\_\_\_\_\_

Counterclaim of the perpetrator    EUR                      Remaining loss                      EUR

\_\_\_\_\_

**5.** Has the perpetrator submitted a declaration confessing and admitting liability to repay the amount of the loss?

yes  no

\_\_\_\_\_ date

\_\_\_\_\_ amount

**6.** Has the perpetrator admitted wilful conduct?

\_\_\_\_\_ Please attach written declarations if available.

**7.** What action have you taken? (Please attach photocopies of the executory title, plaint note, judgement or complaint if available.)

Statutory demand for payment/executory title  
Claim for damages  
Complaint

yes  no  
 yes  no  
 yes  no

\_\_\_\_\_ Address and police reference no.

\_\_\_\_\_ Address and reference no. of public prosecutor's office

**To avoid losing legal rights please observe scrupulously any terms of exclusion.**

**8.** When was the loss discovered?

\_\_\_\_\_ date

\_\_\_\_\_ by whom?

\_\_\_\_\_ under what circumstances?

**9.** When, where and under what circumstances was the loss caused? (Please answer in as much detail as possible, e.g. individual dates if the money was lost in several sums, name and address of accomplices. Please attach any documents available, i.e. internal or external audits, confession or report of the perpetrator.)

**10.** When was the perpetrator's work last checked before the loss was discovered?

\_\_\_\_\_ date

\_\_\_\_\_ by whom?

**11.** Were any irregularities or grounds for suspicion against the perpetrator found?

yes  no

\_\_\_\_\_ what?

**12.** Has the perpetrator any private assets?

yes  no

**13.** Is the loss insured elsewhere?

yes  no

\_\_\_\_\_ Policy No.

\_\_\_\_\_ Company

The details above have been given to the best of our knowledge and is the truth as known to us at the time of writing. I am/we are aware that the Insurer is released from the liability to indemnify if any of the answers given above are wilfully or in gross negligence untruthful or incomplete.

\_\_\_\_\_ Place and date

\_\_\_\_\_ Signature of Policy Holder/Insured