Helsana

Accident report UVG

☐ Accident ☐ Dental accident
☐ Occupational illness ☐ Relapse

Claim number

1. Employer
Name and address with postcode
Phone no. | Policy-No. UVG
E-Mail | Policy-No. UVG-additional
Normal place of work of insured person (branch of company)

2. Insured person
Surname and first name | Date of birth | AHV number
Street | Phone no | Nationality/Residence permit
Country Postcode Place | E-Mail | Marital status

3. Employment
Date of employment | Normal occupation
Position: ☐ Upper Management ☐ Middle Management ☐ Employee ☐ Apprentice ☐ Trainee
Employment contract: ☐ Unlimited empl. contract ☐ Limited empl. contract ☐ Terminated empl. contract as of:
Insured person's working hours: (hours/week)______ Contractual operating level:_______ Percent
Customary company working hours: (hours/week)______ Employment: ☐ Irregular ☐ Short-time working ☐ Intermediate earnings

4. Date of accident
Day Month Year Time (hours, minutes)

5. Place of accident
Place (name or postcode) and location (e.g. workshop, street)

6. Description of the accident (Suspicion of occupational illness)
Activity at the time of the accident; events leading to the accident, objects, vehicles involved
Person(s) involved:
Was the accident reported to the police? ☐ Yes If yes, drawn up by:________________ ☐ No ☐ Not known
Is there an accident form? ☐ Yes If yes, please attach a copy. ☐ No

7. Occupational accident
Objects involved (e.g. machines, tools, vehicles, materials; exact description please)

8. Non-occup. accident
When did the injured person **last** work in the company **prior to the accident** (day, date, time)?
until: Reason for absence:

9. Injury
Part of body affected:________________ ☐ left ☐ right ☐ not specific
Nature of the injury:

10. Incapacity to work
Work interrupted following the accident? ☐ Yes ☐ No If yes, from when?
Estimated duration of incapacity to work | If work recommences:
longer than 1 month ☐ | From when? ☐ full ☐ part-time

11. Doctors' addresses
Doctor or hospital/clinic providing initial treatment | Subsequent doctor or hospital/clinic providing treatment
If hospital/clinic: ☐ out-patient ☐ in-patient | If hospital/clinic: ☐ out-patient ☐ in-patient

12. Salary

CHF per	hour	month	year
Basic salary gross incl. cost of living hours			
Child/family allowances (Children under 18 years of age or, in full-time education, under 25 years of age___)			
Holidays/payment for public holidays ... in % or			
Bonus/13th month's salary (and other) ... in % or			
Other salary allowances (e.g. settlement/commission/payment in kind/shift premium)			

Description:

13. Special cases
Other employer: ☐ No ☐ Yes, Name and adress: ________________ ☐ Withholding tax liability
☐ Voluntary insurance (employer/self-employed) ☐ Family member, shareholder ☐ Employee working abroad

14. Other insurance benefits
Is the insured person already entitled to daily allowance or pension from: health insurance, Suva or another compulsory accident insurance, disability insurance, old age or survivors' insurance, occupational benefit plans, military insurance, unemployment insurance?
☐ No ☐ Yes If yes, where?________________
Name of compulsory healthcare insurance (incl. policy no.):

Place and date **Signature of the injured person** **Stamp and signature of the employer**

Distribution: Helsana

The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd.

HEL-00137-en-1216-0008-37323

Helsana

Accident report UVG
Company copy

☐ Accident ☐ Dental accident
☐ Occupational illness ☐ Relapse

Claim number

1. Employer	Name and address with postcode	Phone no.	Policy-No. UVG
		E-Mail	Policy-No. UVG-additional
		Normal place of work of insured person (branch of company)	
2. Insured person	Surname and first name	Date of birth	AHV number
	Street	Phone no	Nationality/Residence permit
	Country Postcode Place	E-Mail	Marital status
3. Employment	Date of employment	Normal occupation	

Position: ☐ Upper Management ☐ Middle Management ☐ Employee ☐ Apprentice ☐ Trainee
Employment contract: ☐ Unlimited empl. contract ☐ Limited empl. contract ☐ Terminated empl. contract as of:
Insured person's working hours: (hours/week)______ Contractual operating level:_______ Percent
Customary company working hours: (hours/week)______ Employment: ☐ Irregular ☐ Short-time working ☐ Intermediate earnings

4. Date of accident Day Month Year Time (hours, minutes)

5. Place of accident Place (name or postcode) and location (e.g. workshop, street)

6. Description of the accident (Suspicion of occupational illness) Activity at the time of the accident; events leading to the accident, objects, vehicles involved

Person(s) involved: ______
Was the accident reported to the police? ☐ Yes If yes, drawn up by:______ ☐ No ☐ Not known
Is there an accident form? ☐ Yes If yes, please attach a copy. ☐ No

7. Occupational accident Objects involved (e.g. machines, tools, vehicles, materials; exact description please)

8. Non-occup. accident When did the injured person **last** work in the company **prior to the accident** (day, date, time)?
until: Reason for absence:

9. Injury Part of body affected:______ ☐ left ☐ right ☐ not specific
Nature of the injury:

10. Incapacity to work Work interrupted following the accident? ☐ Yes ☐ No If yes, from when?
Estimated duration of incapacity to work
longer than 1 month ☐
If work recommences:
From when? ☐ full ☐ part-time

11. Doctors' addresses Doctor or hospital/clinic providing initial treatment
If hospital/clinic: ☐ out-patient ☐ in-patient
Subsequent doctor or hospital/clinic providing treatment
If hospital/clinic: ☐ out-patient ☐ in-patient

12. Salary CHF per	**hour**	**month**	**year**
Basic salary gross incl. cost of living hours			
Child/family allowances (Children under 18 years of age or, in full-time education, under 25 years of age___)			
Holidays/payment for public holidays ... in % or			
Bonus/13th month's salary (and other) ... in % or			
Other salary allowances (e.g. settlement/commission/payment in kind/shift premium)			

Description:

13. Special cases Other employer: ☐ No ☐ Yes, Name and adress: ______ ☐ Withholding tax liability
☐ Voluntary insurance (employer/self-employed) ☐ Family member, shareholder ☐ Employee working abroad

14. Other insurance benefits Is the insured person already entitled to daily allowance or pension from: health insurance, Suva or another compulsory accident insurance, disability insurance, old age or survivors' insurance, occupational benefit plans, military insurance, unemployment insurance?
☐ No ☐ Yes If yes, where?______
Name of compulsory healthcare insurance (incl. policy no.):

Place and date **Signature of the injured person** **Stamp and signature of the employer**

Distribution: Helsana

The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd.

HEL-00137-en-1216-0008-37323

Helsana

Accident report UVG

Please note claim number here → Claim number

1. Employer	Name and address with postcode	Phone no.	Policy-No. UVG
		E-Mail	Policy-No. UVG-additional
		Normal place of work of insured person (branch of company)	
2. Insured person	Surname and first name	Date of birth	AHV number
	Street	Phone no	Nationality/Residence permit
	Country Postcode Place	E-Mail	Marital status
3. Employment	Date of employment	Normal occupation	
	Position: ☐ Upper Management ☐ Middle Management ☐ Employee ☐ Apprentice ☐ Trainee		
	Employment contract: ☐ Unlimited empl. contract ☐ Limited empl. contract ☐ Terminated empl. contract as of:		
	Insured person's working hours: (hours/week)______ Contractual operating level:_______ Percent		
	Customary company working hours: (hours/week)______ Employment: ☐ Irregular ☐ Short-time working ☐ Intermediate earnings		
4. Date of accident	Day Month Year Time (hours, minutes)		

Notes for the insured person

Please transfer the **claim number** – mentioned on all Helsana correspondence – on to the accident and pharmacist's certificate and always quote this number for any queries.

This accident certificate remains with you throughout the duration of your treatment; it must be handed over to the doctor on every visit and handed back to the employer once the treatment has been completed. This certificate does not constitute recognition of any obligation to pay benefits.

If you **change doctor** please get in touch with Helsana immediately.

As your compulsory accident insurance provider, we will assume the costs of general **hospital treatment** (general ward). A sum can be deducted from daily benefits for the duration of the hospital stay for maintenance costs.

Incapacity to work is entered by the doctor on the accident note. People with partial capacity to work must adhere to full working hours, unless the doctor prescribes differently for medical reasons (see box below left).*

Daily benefit claims exist from the 3rd calendar day after the accident. Daily benefits amount to 80% of the income insured. The notice issued to all insured persons regarding acceptance of liability shall determine payment.

Necessary **transport costs** – e.g. to the nearest doctor/hospital – will be refunded. Please select an appropriate, low-priced means of transport (e.g. public transport); if necessary, take out a subscription. Please provide your post or bank account details with explain claims. Should you choose to be treated out of town for personal reasons, then Helsana cannot reimburse the additional costs.

Doctor's notes

Date		Incapacity		Doctor's signature
and time of next visit	of visit made from	Degree	valid from	

*possible notes on partial capacity to work			
1)	%, e.g.	hrs./day at	%
2)	%, e.g.	hrs./day at	%
3)	%, e.g.	hrs./day at	%

Date		Incapacity		Doctor's signature
and time of next visit	of visit made from	Degree	valid from	

The medical treatment ended on the	Medication obtained from: (Name and address of pharmacy)

Doctor's stamp

Distribution: Insured person → Employer → Helsana

The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd.

You can find an online accident report form at **www.helsana.ch**

Accident report explanation

Please complete the accident report and return it to us immediately. The comments below may be of assistance to you. Thank you for your cooperation.

General

Complete this set of forms if

- incapacity to work lasts longer than 3 calendar days (including day of accident);
- you have an occupational illness;
- you wish to report dental trauma;
- a relapse occurs.

If all that is required is dental treatment, then it is sufficient for you to send the accident report (without section 12 salary details) to Helsana; you can destroy the remaining forms. Helsana will contact the dentist.

When reporting a relapse, please provide the claim number. If the number is not known, please provide the accident date and your employer at that time.

In the event of serious accidents – particularly deaths – please additionally inform Helsana by telephone.

Should none of these requirements apply, reporting using the form set «Minor accident report UVG» will suffice.

Use of information

Information entered in accident report forms is used for:

a) damage settlement;

b) creation of anonymous statistics for prevention of accidents and occupational illnesses;

c) legally required anonymous transfer to the Federal Statistical Office for creation of public federal salary statistics.

Explanation for individual accident report questions

Section 1 «Normal place of work»

Turning workshop/carpentry shop/Office IT

Section 3 «Normal occupation»

Enter as accurate a description of the insured person's most important professional activity as possible.

Examples:
Business trainee/clothes retailer/
head of finance/chef/operator/caretaker

Entries such as labourer, employee etc. are insufficient.

Section 5 «Place of accident»

Examples:
For industrial accidents:
3014 Berne, Hall 1 / building site xy / staircase C

For non-occupational accidents:
9424 Rheineck, crossroads Thaler Str. / Schulstr.
or 6005 Lucerne, «Allmend» sports facilities

Section 6 «Facts (description of accident, suspicion of occupational illness)»

As accurate a portrayal of events and their attendant circumstances as possible is required.

Section 8 «Non-occupational accident»

If the insured person was not working prior to the accident, then the reasons for absence (e.g. holiday, illness, military service, unpaid holiday, unemployment) must be stated.

Section 12 «Salary»

Must now be entered in accordance with the AHV registered salary (paragraph 7 of the regulation on old age and survivors insurance). I.e. gross salary of the insured person before deduction of social insurance contributions, tax etc, at the point in time of the accident.

The effective salary must be entered, even for salaries above the maximum income amount insured.

For voluntarily insured people, enter the annual income agreed.

Helsana Unfall AG
Kundenservice Unternehmen
Postfach
8081 Zürich