Helsana Unfall AG
Kundenservice Unternehmen
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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 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

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