

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: <input type="checkbox"/> Upper Management <input type="checkbox"/> Middle Management <input type="checkbox"/> Employee <input type="checkbox"/> Apprentice <input type="checkbox"/> Trainee		
	Employment contract: <input type="checkbox"/> Unlimited empl. contract <input type="checkbox"/> Limited empl. contract <input type="checkbox"/> Terminated empl. contract as of: _____		
	Insured person's working hours: (hours/week) _____ Contractual operating level: _____ Percent Customary company working hours: (hours/week) _____ Employment: <input type="checkbox"/> Irregular <input type="checkbox"/> Short-time working <input type="checkbox"/> 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 and time of next visit	of visit made from	Incapacity		Doctor's signature
		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 and time of next visit	of visit made from	Incapacity		Doctor's signature
		Degree	valid from	
The medical treatment ended on the		Medication obtained from: (Name and address of pharmacy)		

Doctor's stamp