

Accident notification for children

Insured person

Surname, first name

Insurance no.

Case no. (ID)

Date of birth

Phone (best availability)

Accident details

1 Date of accident

2 Time of accident

3 Place where accident occurred

4 Circumstances leading up to the accident

5 Was a third party involved in the accident? Yes No

Surname, first name, address, postcode, town/city

6 Is there a police report? Yes No

Filled out by which police station/police officer's name?

7 Additional questions in the case of road accidents:

Vehicle driven by you

Vehicle with which you collided

Type of vehicle (e.g. bike, moped, car)

Number plate

Vehicle holder

Driver

Liability insurance

Passenger insurance

Yes No

Injury

8 Part of body injured

9 Type of injury

left right

10 First attending doctor/hospital

11 Date of treatment

Insurance

12 Is there any other insurance coverage (school, association, personal accident insurance)? Yes No

Name of insurance:

13 Insurance coverage for treatment (medical expenses)

- General hospital ward
- Semi-private hospital ward
- Private hospital ward
- As a supplement to health insurance

Authorisation/signature

I hereby confirm that I have answered the above questions truthfully and in full. By signing this form, I release hospitals, doctors and medical staff, public authorities, public offices and other insurers from their legal and contractual duty of confidentiality towards the insurer given in the letterhead and towards Helsana Supplementary Insurances Ltd and authorise them to disclose the information required in connection with the accident. I also authorise the insurer given in the letterhead and Helsana Supplementary Insurances Ltd to hand over all the relevant documents for claims of recourse against the liability insurers or liable third parties involved.

Place and date

Signature of the insured person / legal representative

X