

Accident notification

Insured person

Surname, first name

Date of birth

Insurance no.

Phone (best availability)

Occupation

E-mail

Case no. (ID)

Accident details

1 Date of accident

2 Time of accident

3 Place where accident occurred

4 Circumstances leading up to the accident

5 Were you employed at the time of the accident?

- Employed
 Apprentice
 Self-employed
 Not employed

6 Do you receive or have you received unemployment benefit?

- No
 Yes, from _____ to _____

7 The accident happened

- On the way to work
 At work
 Outside of work/in my free time

8 Number of working hours per week

9 Worked for this employer

from _____ to _____

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

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

11 Is there a police report? Yes No

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

12 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

Continued overleaf

Surname, first name

Date of birth

Insurance no.

E-mail

Case no. (ID)

Injury

13 Part of body injured

14 Type of injury

left right

15 First attending doctor/hospital

16 Date of treatment

Insurance

17 Are you covered by any other insurance?

Yes No

Type of insurance

- Extension of insurance
- Personal accident insurance
- Accident insurance pursuant to UVG

Name of insurance

18 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