

## Accident investigation

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First name

Surname

Date of birth

Insurance number

Contact person

Direct dial

Date

Accident's course of events

1. Date of the accident:

Time:

Place:

2. Detailed description of the accident's course of events (weather, participants, vehicles, objects, animals):

3. Is any third party to be blamed for the accident?

Yes  No

4. If yes, name and address of the third party insurance (precise indication of policy no.):

5. Where does the blame lie?

6. Eyewitnesses and their addresses:

7. Has a police report been prepared?

Yes  No

Official body:

Injuries

1. Type of injuries (precise description, affected body parts):

2. Beginning of the treatment:

3. Which doctor/ hospital administered First Aid?

4. Further treatment by:

5. Have you been classified as 'incapable for work'?

Yes  No from to full/partial %

## Other insurances

1. Do you still pursue a professional activity as an employee?  Yes  No

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If yes, state your average working time per week:

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2. Did the accident happen on the way from/to work?  Yes  No

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3. Do you have a private accident insurance?  Yes  No

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4. Any coverage of treatment costs? What is being covered? (Subsequent to health insurance?)

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Policy-No. Case-No.

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5. Have you already reported the accident to any other insurance provider?  Yes  No

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To which one? Case-No.

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6. Have you reached an amicable settlement concerning damages?

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With whom and how does it read?

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## Additional questions upon road accidents

Involving motor vehicles	Vehicle you used	Collision vehicle
	<input type="checkbox"/> Motorcycle up to 50 cm <sup>3</sup>	<input type="checkbox"/> Motorcycle up to 50 cm <sup>3</sup>
	<input type="checkbox"/> Motorcycle over 50 cm <sup>3</sup>	<input type="checkbox"/> Motorcycle over 50 cm <sup>3</sup>
	<input type="checkbox"/> Passenger car <input type="checkbox"/> _____	<input type="checkbox"/> Passenger car <input type="checkbox"/> _____
Holder	_____	_____
Driver	_____	_____
License plate	_____	_____
Third party insurance	_____	_____
Passenger insurance	_____	_____

The signatory or their legal representative declare hereby to have answered the questions faithfully. They discharge hospitals, doctors, police- and law authorities, other health care providers and official bodies from obligation to confidentiality against the insurer, and therefore authorize the above mentioned to exchange information.

How are you best reachable in the daytime? by telephone / by e-mail:

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Place and date

Signature of the applicant / legal representative

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