

## Information regarding the accident

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Family name

First name

Date of birth

Policy No.

Contact person

Direct dial

Date

How the accident occurred

1. Date of accident:

Time:

Place:

2. Precise description of the course of events leading to the accident (weather, persons involved, vehicles, machines, animals):

3. Was a third party at fault in the accident?

Yes  No

4. If yes, name and address of their liability insurance (exact identification with policy No.):

5. In what way is the party at fault?

6. Eye witnesses and their addresses:

7. Was a police report issued?

Yes  No

Office:

Injuries

1. Types of injury (exact description, parts of the body affected):

2. Start of treatment:

3. Which doctor/hospital performed first aid?

4. Treatment continued by:

5. Are you unable to work?

Yes  No from

to

total/partial

%

## Other insurance

Are you a student at a primary or secondary school, a university student, apprentice, employee, self-employed, unemployed, housewife (please underline applicable status)?

Name and address of employer:

Average number of hours worked per week:

If unemployed or no longer working (due to vacation, stay outside of the country, continuing education):

5. Who did you last work for before the accident? Until when did you work for them?

Average number of hours per week?

Have you drawn a daily allowance from unemployment insurance since then?

Is there interim accident insurance?

5. Did the accident occur on the way to/from work?  Yes  No

6. Do you have private accident insurance?  Yes  No

7. Coverage for medical recovery costs? How? As a follow-up to health insurance?)

Policy No.

Injury No.

8. Have you already reported the accident to another insurance company?  Yes  No

To which one?

Injury No.

9. Have you made an agreement regarding compensation?

With whom and what is the agreement?

## Additional questions in the case of traffic accidents

For motor vehicle accidents

Vehicle which you used

- Motorcycle up to 50 cm<sup>3</sup>  Passenger car  
 Motorcycle over 50 cm<sup>3</sup>  \_\_\_\_\_

Collision vehicle

- Motorcycle up to 50 cm<sup>3</sup>  Passenger car  
 Motorcycle over 50 cm<sup>3</sup>  \_\_\_\_\_

Owner

Driver

Licence plate

Liability insurance

Passenger insurance

The insured person signing below or his/her legal representative hereby declares that the questions have been truthfully answered. He/she releases hospitals, physicians, police and court offices, other service providers and official bodies from their obligation to confidentiality with regard to the insurer and authorises these to disclose the requested information.

Where can you best be reached during the day? Tel./Email:

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Place and date

Signature of Applicant / Legal Representative

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