

Minor accident declaration report

Employer

Company information

Company name

Street / Number

Additional address

Postal code / Town

Contract No.

Business Unit

Phone number

Email address

Contact person

Insured person

Insured's personal information

Title

First name

Surname

Employee ID

Marital status

Date of birth

Nationality / Residence permit

AHV number

Basic health insurance (LAMal)

Dependent child/children

Insured's contact details

Country of residence

Street / Number

Additional address

Postal code / Town

Phone number

Email address

Bank/postal details

To whom should the benefits be paid?

IBAN

Employment

Contractual information

Type of contract

Beginning of employment contract

End of employment contract

Is the contract terminated?

For which term?

Position

Occupation

Usual place of work

Working hours

Employee's working hours hours/week

Contractual activity rate

Usual schedule in the company hours/week

Type of job

Is the company partially unemployed?

Other employer

Company name / First name / Name

Country

Street / Number

Additional address

Postal code / Town

Description of the accident

Data related to the accident

Nature of the accident

Last day of work

Time of departure from the workplace

Date of the accident

Time of the accident

Reason for the absence

Location / place

Description of the accident

Activity at the time of the accident

Cause of the accident

Police report

Was a police report produced?

Who made the accident report?

Person at fault or involved?

Is another person involved in the accident?

First name

Surname

Country of residence

Street / Number

Additional address

Postal code / Town

First name

Surname

Country of residence

Street / Number

Additional address

Postal code / Town

Injuries

Injuries

Is the insured person deceased?

Part of the body affected

Side of the body

Additional information on injuries

Injury type

Treatment

Initial medical treatment

Further medical treatment

Place and date: