

Accident declaration report

Employer

Company information

Company name

Street / Number

Additional address

Postal code / Town

Contract No.

Business Unit

Telephone 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

Are you receiving any benefit from another social insurance?

Insured's contact details

Country of residence

Street / Number

Additional address

Postal code / Town

Telephone 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?	
Number of home office days per week	

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

Incapacity for work

Incapacity for work

Beginning of the incapacity

Time:

Rate of incapacity

Return to work

Effective date of return to work

Salaries

Salary data

Subject to withholding tax

Amount of gross salary

Bonus, 13th month's salary (and following)

Other benefits

Holiday allowance, public holidays allowance

Child and family allowances

Cost-of-living allowance

Other salary supplements

Total amount of other salary supplements

Place and date: