

Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA
Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA
AMB Assurances SA – Groupe Mutuel Assurances GMA SA
Mutuel Assurances SA – Groupe Mutuel Vie GMV SA
Foundations managed by Groupe Mutuel: Groupe Mutuel Prévoyance-GMP
Mutuelle Valaisanne de Prévoyance – Mutuelle Neuchâteloise Assurance Maladie

# LAA/UVG Minor Accident Declaration Form

Claim N°		

Accident Insure	r: 🗆 Groupe Mutuel Assurances GMA	SA   Mutuel Assurances	s SA			
1. Employer		Phone N°: Policy N°:				
	Injured person's usual work place (business sector/ administrative unit)					
2. Injured person	Name and First Name: ☐ M ☐ W	Date of birth:		N° AVS/AHV N°:		
	Street:	Civil status:		Nationality:		
	Postal code: City:	Phone N°: Email:		Profession exercised:		
3.Employement	Date of employment:	Other employers:	□ yes	□ no		
		Name and address:				
	Position: Senior executive Injured person's working hours: how	e	□ employee	/worker □ apprentice □ intern/trainee		
4. Date of the ac-cident	day/month/year:		time	e (hrs/mins):		
5. Site of the accident	Location (name or postal code) and	city (e.g. workshop, office	e, street):			
6. Facts (accident description)	What was the injured person doing when the accident happened; description of the accident and of any persons, objects or vehicles involved:					
7. Non work accident	When was <b>the last time</b> the injured person was at work at the Company <b>before the accident</b> (day, date, time)?  Until:  Ground for absence:					
8. Injuries	Part of the body injured:		□ le	eft □ right □ undefined		
	Type of injury:					
9. Doctors' adresses	First aid given by (doctor, hospital, clinic):  Follow-up treatment by (doctor, hospital, clinic):					
10. Health insurance						
City and date	: Stamp and signature:					
To obtain rein	nbursement, the claimant shall provide	e all requisite documents a	and specify his	s/her postal or bank account number.		

1/4

Send to: insurance mentioned above

2018



Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA
Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA
AMB Assurances SA – Groupe Mutuel Assurances GMA SA
Mutuel Assurances SA – Groupe Mutuel Vie GMV SA
Foundations managed by Groupe Mutuel: Groupe Mutuel Prévoyance-GMP
Mutuelle Valaisanne de Prévoyance – Mutuelle Neuchâteloise Assurance Maladie

# LAA/UVG Minor Accident Declaration Form

Employer's copy

Accident Insurer:	☐ Groupe Mutuel Assurances GMA S	A   Mutuel Assurances	SA		
1. Employer	<u> </u>	Phone N°:		Policy N°:	
		Injured person's usual work place (business sector/ administrative unit):			
2. Injured person	Name and First Name: ☐ M ☐ W	Date of birth:		N° AVS/AHV N	°:
	Street:	Civil status:		Nationality:	
	Postal code: City:	Phone N°: Email:		Profession exe	rcised:
3.Employement	Date of employment:	Other employers:	□ yes	□ no	
		Name and address: _			
	Position:	e 🛘 middle manageme	nt 🗆 employe	ee/worker 🛭 ap	prentice
	Injured person's working hours: ho	urs per week			
4. Date of the accident	day/month/year: time (hrs/mins):				
5. Site of the accident	Location (name or postal code) and	city (e.g. workshop, offi	ce, street):		
6. Facts (accident description)	What was the injured person doing objects or vehicles involved:	when the accident happ	ened; descript	tion of the accide	ent and of any persons,
7. Non work accident	When was <b>the last time</b> the injured per Until:	rson was at work at the C	Company <b>before</b> Ground for abs	•	y, date, time)?
8. Injuries	Part of the body injured: ☐ left ☐ right ☐ undefined				□ undefined
	Type of injury:				
9. Doctors' adresses	First aid given by (doctor, hospital, o	clinic):	Follow-up tre	eatment by (docto	or, hospital, clinic):
10. Health insurance					

Claim N°

2018



Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA Mutuel Assurance Maladie SA - Philos Assurance Maladie SA - SUPRA-1846 SA AMB Assurances SA - Groupe Mutuel Assurances GMA SA Mutuel Assurances SA - Groupe Mutuel Vie GMV SA Foundations managed by Groupe Mutuel: Groupe Mutuel Prévoyance-GMP Mutuelle Valaisanne de Prévoyance - Mutuelle Neuchâteloise Assurance Maladie

### **LAA/UVG Doctor Form**

A!-lant lane					0A = 14		. 04	
	irer: ⊔ Grou	pe Mutuel A	ASSU	Irances GMA S	SA □ Mutuel A Phone N° :	ssurances	SA	Dallar No.
Employer	ployer							Policy N°:
					Injured person's usual work place (business sector/ administrative unit):			
Injured person	Name a	nd First Nan	ne:	□M□W	Date of birth	:		N° AVS/AHV N° :
	Street:							
	Postal c	ode:			Phone N°: Email:			
Employement	Date of	employmen	ıt:		Other emplo	yers:	□ ye	s □ no
					Name and a	ddress:		
	Position:		□s	enior executive	☐ middle ma	nagement	☐ employee	e/worker   apprentice   intern/trainee
		erson's workin	ng ho	urs: hour	s per week			
Date of the accident	day/mo	nth/year:					tim	ne (hrs/mins):
Site of the	Location	n (name or p	ost	al code) and c	ity (e.g. worksh	nop, office	, street):	
accident Facts	\M\bat w	as the injure	d n	orcon doing w	hon the accide	nt hannon	od: docarinti	on of the accident and of any persons,
(accident		or vehicles		_	Hell the accide	птаррег	ieu, uescripti	on or the accident and or any persons,
description)								
Non work		as <b>the last tir</b>	me t	he injured pers	on was at work			the accident (day, date, time)?
accident Injuries	Until:	he body inju	ıred	•		Gr	ound for abse	ence: left □ right □ undefined
Injunes	Type of			•				
Doctors' adresses	First aid given by (doctor, hospital, clinic): Follow-up treatment by (doctor, hospital, clinic):					reatment by (doctor, hospital, clinic):		
Doctor's indications:  Part of body injured and type of injury:								
Doctor's Bil	<u> </u>							
A. Benefits ac	cording to ta	arif	В	. Medicines ar	nd bandages	ı		dical treatment completed
Date	Chif. Tarif	Points	Na	ature and quantity		Price		Yes No, probably in weeks
							Dat	te
					Total B		Doo	ctor's stamp and signature
				Point-tax value				1 0
Please attach X-rays	Total		×	CHF	Total A		Pos	stal or bank account N°
iayo					Total A+B			

Claim N°

Send to: first aid doctor -> insurance

2018

3/4



Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA AMB Assurances SA – Groupe Mutuel Assurances GMA SA Mutuel Assurances SA – Groupe Mutuel Vie GMV SA Foundations managed by Groupe Mutuel: Groupe Mutuel Prévoyance-GMP Mutuelle Valaisanne de Prévoyance – Mutuelle Neuchâteloise Assurance Maladie

## **LAA/UVG Pharmacy Form**

Accident Insurer: ☐ Groupe Mutuel Assurances GMA SA ☐ Mutuel Assurances SA						
	Phone N:	Policy N:				
	Injured person's u	usual work place (business sector/ administrative unit):				
Name and First Name: ☐ M ☐ W	Date of birth:	N° AVS/AHV N° :				
Street:						
Postal code:						
City:						
day/month/year:		time (hrs/mins):				
Part of the body injured:		☐ left ☐ right ☐ undefined				
Type of injury:						
First aid given by (doctor, hospital, clir	nic):	Follow-up treatment by (doctor, hospital, clinic):				
	Name and First Name:	Phone N :  Injured person's to the large state of the body injured:				

Claim N°

### Indications for the injured person

The pharmacy will give you the drugs prescribed by your doctor without demanding payment, if you present this form. Please, purchase all the drugs at a single pharmacy.

### Indications for the pharmacy

This pharmacy bill is to be sent to the insurance at the end of the treatment, but within three months of the accident at the latest.

You may ask the insurance for a new pharmacy form, if:

- ▶ there is not enough room to list all the drugs,
- ▶ drugs have to be delivered after the three-month time limit.

#### **Pharmacy Bill**

Date delivered	Nature and quantity	Price		
donvoida		CHF	Ct.	
				_
				L
Please attach į	prescriptions Total			

Date:				
Pharmacy stamp:				
Friamacy stamp.				
3 code				
Postal or bank account N°				
If settled via OFAC:				

Send to: insured -> pharmacy -> insurance

2018