

Accident report from the age of 16

Last name First name Date of birth
 Street No. Postcode To Insured no.

What is the best way to contact you if we have any questions?

Telephone E-Mail

Overview of the accident

- 1 a) Which employer were you employed by at the time of the accident?
(If self-employed: company address and legal form)
- b) Number of hours per week? Eight hours or more Less than eight hours
- 2 a) If you were not in employment, why was this? Independent means Not in paid employment Retired
 Housewife/househusband Rentner/-in Other:
- b) Last employer prior to the accident?
 Employed by this employer from to
- 3 Are/were you in receipt of unemployment benefit? Yes No from to

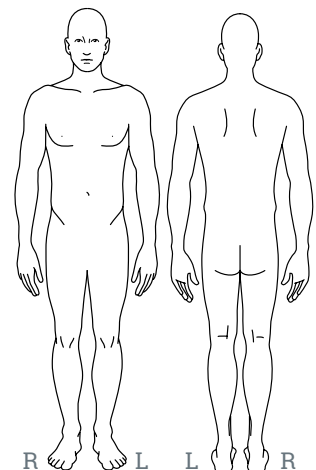
Details of the accident

- 4 When did the accident occur? Date Time To
- 5 Did the accident occur on the way from or to your workplace? Yes No
 Did the accident happen while you were at work? Yes No
- 6 Detailed description of the cause of the accident (location, weather, parties involved, vehicles, machinery, animals)
- 7 Eyewitnesses and their addresses

Treatment

- 8 Initial treatment by doctor/hospital (address)
 Date
- 9 Who is treating you now? (address)
 Date
- 10 Type of injury?
 Sprain Torn ligament
 Fracture Meniskus
 Crush injury Cut
 Bruising Whiplash
 Torn muscle Dental injuries
- (detailed description, body part, tooth, etc.)

Indicate the injured body part



Please turn over

Parties involved

- 11 a) Was another person to blame for the accident? No Yes, last name / first name and address
- b) Does the person involved have liability insurance? (If a traffic accident, see additional questions under point 15) No Yes, name and address of the liability insurance company
- Policy/claim no.
- 12 Is there a police report? No Yes, from which police station (name and address)

Insurance details

- 13 Do you have accident insurance through your employer? No Yes, name and address of the liability insurance company
- Policy/claim no.
- 14 Do you have another insurance policy that covers this event? No Yes, name and address of the liability insurance company
Has the accident already been reported?
 Yes No
- Policy/claim no.
- Type of insurance

Traffic accidents

- 15 **Vehicle you were travelling in** Moped/bicycle Car Motorcycle **Other vehicle involved in the collision** Moped/bicycle Car Motorcycle
- Owner
- Driver
- Licence plate no.
- Liability insurance
- Passenger insurance

- 16 **Authorisation/signature**
The undersigned declares that he/she has answered all the questions truthfully and fully, authorises the EGK to inspect all files relating to the accident (e.g. medical documents, other insurers' files), assigns any liability claim arising from the aforementioned accident to EGK up to the amount of the benefits it has paid out and acknowledges that the EGK may assert its claims against third parties or their liability insurance providers.

Place and date

Signature of the insured person
or his or her legal representative