

# Accident report for children up to the age of 15

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

## Details of the accident

1 When did the accident occur? Date  Time  Town / City

2 Did the accident occur in the premises of a company or business? (e.g. trial apprenticeship)  No  Yes, name and address of the company or business

3 Detailed description of the cause of the accident (location, weather, parties involved, vehicles, machinery, animals)

## Treatment

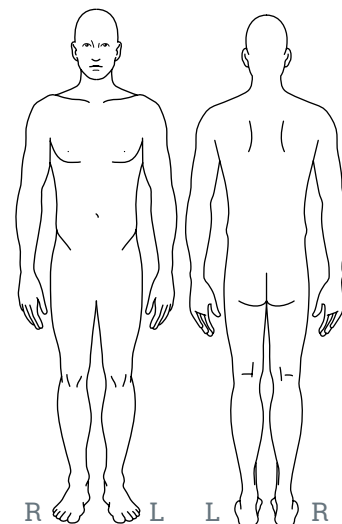
4 Initial treatment by doctor/hospital  
 Date

5 Who is treating you now? (address)  
 Date

- 6 Type of injury?
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Sprain       | <input type="checkbox"/> Torn ligament   |
| <input type="checkbox"/> Fracture     | <input type="checkbox"/> Meniscus        |
| <input type="checkbox"/> Crush injury | <input type="checkbox"/> Cut             |
| <input type="checkbox"/> Bruising     | <input type="checkbox"/> Whiplash        |
| <input type="checkbox"/> Torn muscle  | <input type="checkbox"/> Dental injuries |

(detailed description, body part, tooth, etc.)

Indicate the injured body part



## Parties involved

7 a) Was another person to blame for the accident?  No  Yes, last name / first name and address

7 b) Does the person involved have liability insurance?  No  Yes, name and address of the liability insurance  
(e.g. private liability, motor vehicle liability, etc.)

Policy/claim no.

8 Is there a police report?  No  Yes, from which police station (name and address)

## Insurance details

9 Do you have another insurance policy that covers this  No  Yes, name and address of the liability insurance  
Unfall bereits gemeldet?  Ja  Nein

Policy/claim no.

Type of insurance

## 10 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

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