



Claim notice for Accident Insurance (LAA/UVG)

		Direction	Claim No.				
1. Employer	Name and adress with postcode Kanton Zürich	Phone No.	Policy No.				
		Usual place of work of the insured person (depart./sect.)					
2. Insured Person	Name / Firstname	Date of birth	AHV-No. / AVS No.				
	Road	Phone No.	Place of origin				
	Postcode City	Civil status Nationality	Children < 20 years old or < 25 years old still at <input type="checkbox"/> number <input type="checkbox"/> none				
	Name of insured category		<input type="checkbox"/> qualified <input type="checkbox"/> semi-quali. <input type="checkbox"/> not quali. <input type="checkbox"/> Apprentice				
3. Employment	Date of beginning of employment	Usual professional activity					
4. Date of accident	Day Month Year	Time (Hour, Minute)					
5. Place of accident	Where did the accident take place (locality, place)						
6. Accident descript.	Activity at the moment of the accident, circumstances, involved persons, machines, instruments, vehicle, material						
7. Investigations	Have investigations been made ?	Name of witnesses	Have they been questioned?				
	Are investigations required? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no				
8. Non-occupational accident	When did the insured person work for the employer the last time before the accident (Day, Date, Time)?						
	Date	Time					
9. Injury	Part of the body injured (right / left)		Type of injury				
10. Incapacity to work	Has the activity been suspended as a result? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, since when ? (Date and hour)				
11. Doctor's adress	Doctor or hospital for the first treatm.		Doctor or hospital for further treatment				
12. Working time of the insured person	Days per week	hours per week	Usual number of working hours p. week in the comp. <input type="checkbox"/> irregular <input type="checkbox"/> short-time work				
		Occupation					
13. Salary	in cash	Salary (gross)	CHF per	Hour	Day	Month	Year
		Allowance for adjustment to cost of living					
		Commissions					
		Family / Children allowance					
		Allowance for holiday % oder					
		Other allowances % oder					
		Bonus / 13th salary					
		in kind					
		Typ					
		Special case	<input type="checkbox"/> Family member <input type="checkbox"/> Associate <input type="checkbox"/> voluntarily ins. Person <input type="checkbox"/> seasonal job <input type="checkbox"/> liable to withholding tax				
	Other employer Tarif						
14. Other benefits from other social security schemes	Is the insured person already entitled to daily allowances or a pension from: medical care insurance, mandatory accident ins. (UVG), Old age&Survivors Social Insurance, military insurance, Unemployment ins.?						
	If yes, which one? _____						
	Name of the medical care insurance _____						
Place and Date	Signature of the insured person			Stamp and signature of the employer			