Accident Report



Client number

- Please complete this form as the insured person or their legal representative.
- Only then can we verify our obligation to pay benefits.
- You do not need to answer questions 1.2, 1.3, 1.5 and 3.6 for children younger than 15.
- Please return the form even if no accident has happened. Make a note of this in the "Remarks" field.
- \bullet Do you have any questions? Our Client Service Centre will be happy to help on 0844 277 277. Thank you.



General information								
First name	Surname		Date of birth	Street address				
Postcode/town	Email		Phone	Available at (time)				
 Who was your employer at the time of the accident?								
Name of employer	Street, house nur		Postcode / town	Number of hours per week				
Do you know the nan	ne of your empl Name of insuran		insurance company?	Claim number				
Yes No								
 tes tillo	<u>L</u>							
If you were not in a re	elationship of e	mployment: wh	y?					
Self-employed	Homemaker	Pensione	Pr Not working	Child				
When were you last employe	42	From	to	Never been an employee				
Name of employer	u:	TIOIII S	Street, house number	Postcode / town				
 Do you receive or ha	ve you received	l unemploymen	t benefit?	1 L				
	ve you received	l unemploymen	t benefit?					
			t benefit?					
	From		t benefit?					
Yes No F	cident	to	t benefit?					
Yes No F	cident	to	t benefit?	3 L				
Yes No E	cident w did the accide	to	t benefit?					
Yes No E	cident w did the accide	to	t benefit?					
Yes No Final Yes N	cident w did the accide	to						
Yes No Final Yes N	cident w did the accide	to		outside work				

2.3	was a tr	nird party inv	olved in the accident?		5:	
	;r	············	First name/surname		Phone	
	Yes	No No				
			Street, house number		Postcode / town	
			Name of third party's liability insurance		Policy number / claim number	
			Third party's liability insurance not known	wn	The third party does not have I	iability insurance
2.4	Was the	accident the	e fault of this third party?			
	Yes	No				
2.5	Are ther	e any witnes	sses to the accident?			
	First name/surname				Phone	
	Yes	No				
			Street, house number		Postcode / town	
3	Injuries					
3.1	What inj	ury did you	suffer?			
	Nature of in			Part of body		
						Right Left
3.2	Did the	symptoms o	ccur immediately after the event?			
	Yes No					
3.3	Was the	nain or the	injury triggered by an uncontrolled	d or suddon mo	woment?	
3.3	vvas tile	pain or the	Remarks	a or sudden mo	vement?	
	Yes	No				
	165	i INO	\			
3.4	Who tre	ated you firs	et (doctor/hospital/dentist)?			
	Name			Postcode / town		
3.5	Did any	one else pro	vide further treatment? Name		Postcode / town	
	[realite		1 Ostcode / town	
	Yes	No				
3.6	Are or w	ere you una	ble to work as a result of the injur	y?		
	Yes	No		%	From to	
	ii res	ii INO	Degree of incapacity to work	. 70	From to) <u> </u>
4	Other in	surances				
4.1	Do you	have any oth	ner accident insurances cover?			
	Yes	No	As a supplement to mandatory accider	nt insurance	TCS ETI insurance card	
			Name of agency		Policy number	
				Name of insurance c	company	
	Maria elec	eo includo a co	nu af vous notice			

1								
	Which vehicles were involved in the accident?							
	Your vehicle	Bicycle	Moped	Car	Other			
		-						
	Third party's vehicle	Bicycle	Moped	l Car	Other			
2	To whom does the vehic	:le belona (k	(eeper/owner)?					
	To whom doos the vome	First name/surn	-	Postcode / town		Number plate / make		
	Your vehicle							
	Tour vollions	First name/surname		Postcode / town		Number plate / make		
	Third party's vehicle							
3	Who was driving the vel	nicle at the t	ime of the accid	ent?				
		First name/surn	t name/surname		Postcode / tow	n		
	The keeper/owner was driving	L						
1	With which insurance co	ompany do y	ou/does the thi		-			
				Name of insurance	e company	Policy number		
	Your vehicle	No	t known	Name of insurance	o company	Policy number		
				Name of mourain	e company	1 oiley fluitibei		
	Third party's vehicle	L No	t known					
5	With which insurance co	omnany do v	vou/does the thi	rd party hold pa	seenaer inc	ırance?		
	With which modulates co	onipany do j	yourdoes the thi	Name of insurance	_	Policy number		
			Not known					
	Your vehicle	No	t known					
	Your vehicle	No	t known	Name of insurance	e company	Policy number		
	Your vehicle Third party's vehicle		t known t known	Name of insurance	e company	Policy number		
				Name of insurance	e company	Policy number		
	Third party's vehicle			Name of insurance	e company	Policy number		
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	Third party's vehicle			Name of insurance	e company	Policy number		
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ase	Third party's vehicle	No No	t known		e company	Policy number		
ase	Third party's vehicle Remarks	no No gnature. Many th	t known			Policy number		
nse	Third party's vehicle Remarks confirm these details with your signed hereby confirms the undersigned hereby assigns to	gnature. Many the nat they have anso	anks for your support wered all the questions claim arising from the a	on this form truthfully a	nd in full.	in benefits it has paid and acknowledges the		
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nse	Third party's vehicle Remarks confirm these details with your signal to make a signal to may assert its claims against third productors, other service providers, so insurance cover, process the claim aforementioned from their statutory. They may be withdrawn at any time	gnature. Many the nat they have anso CSS any liability parties. By signing cial and private inand assert any reduty of confident [by declaration in	anks for your support. wered all the questions claim arising from the au the accident report forn surers, employers, authocourse claims, while resiality and agrees that C text form (e.g. email) to	on this form truthfully a ccident referred to aboun, the applicant authoricorities, and its company pecting the statutory press may disclose data to CSS]. The withdrawal	nd in full. re up to the amount ses CSS to share in ovisions on data protection of them. These con of consent only tak	in benefits it has paid and acknowledges the formation and to obtain such at any time fire all advisors to the extent necessary to assess otection. The undersigned hereby releases	om ess th the lefinite	
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Address of the insurer: