Accident Notification Form

Mandatory healthcare insurance (KVG) and supplementary insurance plans (VVG)

This form must be completed by the insured person or their legal representative. You can also complete this document online on our website css.ch (search for «claim notification form»). Please send us the form as quickly as possible to the address shown on the last page. Unfortunately, we are unable to review your entitlement to benefits without this information. Please return the form even if no accident has happened, and include a note to this effect in the «Remarks» field at the end of the form. Questions 1.2, 1.3, 1.5 and 3.6 do not need to be answered for children younger than 15. If you have any questions, our Contact Center will be happy to help on 0844 277 277. Thank you.

Client number

1 General information

1.1

First name | Surname | Date of birth | Street address

Postcode / town | Email | Phone | Available at (time)

1.2 Who was your employer at the time of the accident?

Name of employer | Street, house number | Postcode / town | Number of hours per week

1.3 Do you know the name of your employer's accident insurance company?

☐ Yes ☐ No

Name of insurance company | Claim number

1.4 If you were not in a relationship of employment: why?

☐ Self-employed* ☐ Homemaker* ☐ Pensioner* ☐ Not working* ☐ Child

***When were you last employed?** From ____ to ____ ☐ Never been an employee

Name of employer | Street, house number | Postcode / town

1.5 Do you receive or have you received unemployment benefit?

☐ Yes ☐ No From ____ to ____

2 Circumstances of accident

2.1 When, where and how did the accident happen?

Date | Time

Accident location | Country

The accident occurred ☐ at work ☐ on the way to work ☐ outside work

Please describe how the accident happened (what you were doing, weather conditions, involved persons, vehicles, animals, machines etc.)

2.2 Was a police report filed?

☐ Yes ☐ No By which police station? ____

2.3 Was a third party involved in the accident?

☐ Yes ☐ No

First name / surname

Phone

Street, house number

Postcode / town

Name of third party's liability insurance

Policy number / claim number

☐ Third party's liability insurance not known

☐ The third party does not have liability insurance

2.4 Was the accident the fault of this third party?

☐ Yes ☐ No

2.5 Are there any witnesses to the accident?

☐ Yes ☐ No

First name / surname

Phone

Street, house number

Postcode / town

3 Injuries

3.1 What injury did you suffer?

Nature of injury

Part of body

☐ Right ☐ Left

3.2 Did the symptoms occur immediately after the event?

☐ Yes ☐ No

3.3 Was the pain or the injury triggered by an uncontrolled or sudden movement?

☐ Yes ☐ No

Remarks

3.4 Who treated you first (doctor / hospital / dentist)?

Name

Postcode / town

3.5 Did anyone else provide further treatment?

☐ Yes ☐ No

Name

Postcode / town

3.6 Are or were you unable to work as a result of the injury?

☐ Yes ☐ No

Degree of incapacity to work ____ %

From ____ to ____

4 Other insurances

4.1 Do you have any other accident insurances cover?

☐ Yes ☐ No

☐ As a supplement to mandatory accident insurance

☐ TCS ETI insurance card

Name of agency

Policy number

Name of insurance company

If yes, please include a copy of your policy.

Please note: the following questions are to be answered *only in the case of road traffic accidents.*

5 Vehicles involved

5.1 Which vehicles were involved in the accident?

Your vehicle	☐ Bicycle	☐ Moped	☐ Car	☐ Other	
Third party's vehicle	☐ Bicycle	☐ Moped	☐ Car	☐ Other	

5.2 To whom does the vehicle belong (keeper / owner)?

	First name / surname	Postcode / town	Number plate / make
Your vehicle			
Third party's vehicle			

5.3 Who was driving the vehicle at the time of the accident?

	First name / surname	Postcode / town
☐ The keeper / owner was driving		

5.4 With which insurance company do you/does the third party hold liability insurance?

		Name of insurance company	Policy number
Your vehicle	☐ Not known		
Third party's vehicle	☐ Not known		

5.5 With which insurance company do you/does the third party hold passenger insurance?

		Name of insurance company	Policy number
Your vehicle	☐ Not known		
Third party's vehicle	☐ Not known		

6 Remarks

Please confirm these details with your signature. Many thanks for your support.

The undersigned person hereby confirms that they have answered all questions in this form truthfully and in full.

The undersigned person hereby assigns to CSS any liability claims arising from the accident referred to above up to the amount in benefits it has paid and acknowledges that CSS may assert its claims against third parties. By signing the accident notification form, the applicant authorises CSS to share information and obtain such at any time from doctors, other service providers, social and private insurers, employers and authorities, and its company doctors and medical advisors to the extent necessary to assess the insurance cover, process the claim and assert any recourse claims, while respecting statutory provisions on data protection. The undersigned hereby releases the aforementioned from their statutory duty of confidentiality and consents to the disclosure of the data by CSS to these bodies. These consents and exemptions apply without time limit. They can be revoked at any time [by declaration in text form (e.g. e-mail) to CSS]. A revocation is only effective for the future and may result in services not being provided. CSS may continue to process personal data even in the event of revocation, insofar as this processing is permitted by law or serves overriding interests.

Further information about the processing of your personal data by CSS can be found on our homepage css.ch/dataprotection

*Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG or Arcosana AG

*Legal entity for supplementary insurance (VVG): CSS Versicherung AG

*Your legal entity for basic insurance (KVG) and supplementary insurance (VVG) is shown in your insurance policy.

Place	Date	Signature of the insured person or their representative

Address of the insurer:
CSS, Tribschenstrasse 21, P.O. Box 2550, 6002 Lucerne

Form. 21Ue-07.22-pdf