Accident Notification Form

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

CSS Insurance

This form must be completed by the insured person or the insured person's legal representative. You can also complete this document online on our website, www.css.ch (search for «claim notification form»). Please send us the form as quickly as possible to the address indicated on the last page. Without your information, we are unfortunately unable to review your entitlement to benefits. 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 | E-Mail | Phone | Available at (time)

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

Name of employer | Street address | 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* ☐ Do not work* ☐ Child

***Who was your last employer?** From to ☐ Never been an employee

Name of employer | Street address | 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 ☐ While at work ☐ On the way to work ☐ During leisure hours

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

2.2 Did the police file an accident report?

☐ Yes ☐ No By which precinct

2.3 Was a third party involved in the accident?

☐ Yes ☐ No

First Name / Surname

Phone

Street address

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 address

Postcode / town

3 Injuries

3.1 What injury did you suffer?

Nature of injury

Part of body

☐ Right ☐ Left

3.2 Did your complaint begin 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 ☐ Supplementary insurance to mandatory accident insurance ☐ TCS ETI insurance card

Name of agency

Policy number

Name of insurance company

If you have other accident cover, 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 he or she has answered all questions in this form truthfully and in full.

The undersigned person hereby assigns to CSS Insurance any liability claims arising from the accident referred to above up to the amount in benefits it has paid and acknowledges that CSS Insurance may assert its claims against third parties. By signing the accident report, the applicant authorises CSS Insurance to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and its company doctors and medical advisors to the extent necessary to assess the insurance cover, while respecting statutory provisions on data protection. In such cases, all parties involved are released from the obligation to maintain professional or patient confidentiality with respect to CSS Insurance. The undersigned person is entitled to request information about the data pertaining to him or her that is being processed. Consent to the processing of data may be revoked at any time.

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

*Legal entity for supplementary insurance (VVG): CSS Versicherung AG or INTRAS 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 his or her legal representative

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

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