

English translation of the "Accident report" form

- 1 Name and address of the institution (day care facility, school, university)
- 2 Institution representative
- 3 Company number of the accident insurance agency
- 4 Recipient
- 5 Surname, first name of the insured person
- 6 Date of birth
- 7 Street, house no.; Postcode; City
- 8 Sex Male, Female
- 9 Nationality
- 10 Name and address of the legal representative
- 11 Fatal accident? Yes, No
- 12 Date and time of accident
- 13 Place of accident (exact information about street and city with postcode)
- 14 Detailed description of the course of events of the accident (in particular the type of event, also the type of sport in the case of sports accidents); the information is based on the description provided by the insured person and other people
- 15 Injured body parts
- 16 Type of injury
- 17 Did the insured person stop visiting the institution? No; Immediately; Later, on (date on which visit was stopped)
- 18 Has the insured person started visiting the institution again? No; Yes on (date on which visit was resumed)
- 19 Who came to know of the accident first? (Name, address of witnesses) Was this person an eyewitness? Yes; No
- 20 Name and address of the first attending doctor/hospital
- 21 Start and end of visit to the institution; start (hour, minute); end (hour, minute)
- 22 Date; Head (authorised representative) of institution; Telephone no. for queries (contact person)