

Accident report

Insured: _____

Date of birth: _____

Place of residence: _____

Customer number: _____

Further information regarding the insured person

Please provide a telephone number and if possible an e-mail address where we can reach you or your legal representative during the day if we have any further questions.

Telephone number:

e-mail address:

Were you in employment at the time of the accident?

- No
 Yes

Working time (hours per week):

Name and address of the accident insurance:

Policy number:

- self-employed
 employed
 apprentice
 intern
 child/student
 pensioner

Were you in receipt of unemployment benefits at the time of the accident?

- No
 Yes

Circumstances of the accident:

Date of accident:

Location of accident:

Cause of accident in detail and accident location:

Injuries?

Has the accident been caused by a third party?

- No
 Yes

Name/address/liability insurance:

Eye witness and address:

In the event of third party liability, we will seek recourse against the liable party. You can make a direct claim against the liable party or their liability insurer for your own cost which are not covered (including the co-payment and deductible).

Has a police report been drawn up?

- No
 Yes

Do you have an additional personal accident insurance?

- No
 Yes

Name of the company:

Policy number:

Do you support the Rega-Service?

- No
 Yes

Place and date

Signature