

Notice of dental accident

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?

Yes

Working time (hours per week):

Name and address of the accident insurance:

Policy number:

- No
- self-employed
- employed
- apprentice
- intern
- child/student
- pensioner

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

Yes

No

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? 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).

When did you first consult the dentist in connection with the accident?

Date:

What's the doctors exact address?

First name, surname, address:

Did you suffer additional injuries?

Yes

Please specify:

No

Have you seen a physician for care?

Yes

First name, surname, address:

Accident while eating?

Was a food constituent the cause the accident?

Yes

Please specify:

No

Precise description of the food product or object that you bit into:

Do you have proof?

Yes

Where ist this proof? Please enclose any proof in reference to a dental accident to this notice of dental accident. Thank you.

No

Did you or a third party notify the point of sale or restaurant of the incident?

Yes

When and where?

No

Do you have an additional personal accident insurance?

Yes

Name of the company:

Policy number:

No

Place and date

Signature