## Minor accident report ( $|\Delta\Delta\rangle$ )

| 45/00/0000 |                   | <b>GENERALI</b> |
|------------|-------------------|-----------------|
| 15/06/2020 | GENERALI<br>GROUP | Assurances      |

| Minor accident report (LAA)               |  |   | Agency        | Claim no.         | Claim no. (please specify in all communication) |  |                    |  |  |
|---|--|---|---------------|-------------------|---|--|--------------------|--|--|
| 1. Employer                               | Name and address incl. postcode Adobe Research Schweiz AG  |   | Phone number  |                   |   | Policy no. 22807152                              |                    |  |  |
|   | Peter Merian-Strasse 80<br>4052 Basel, Schweiz   | Normal place of work of the injured person (branch of business) |               |                   |   |  |                    |  |  |
| e-mail :                                  |  | Date of birth   |               |                   | AVS r   | AVS number                                       |                    |  |  |
| 2. Injured person                         | Name and address incl. postcode  | Marital status  |               |                   | Nationality                                     |  |                    |  |  |
|   |  |   |               |                   |   |  |                    |  |  |
|   |  |   | Phone number  |                   |   | Work/residence permit (foreigners only)<br>A B C |                    |  |  |
|   |  | Other em  | ployer(s)     |                   |   |  |                    |  |  |
| e-mail :                                  |  |   |               |                   |   |  |                    |  |  |
| 3. Employment                             | Date of commencement   | Professio   | n carried out |                   |   |  |                    |  |  |
|   | Position : Senior management Middle management   | Emp   | loyee/worker  |                   | Appre   | ntice  | Trainee            |  |  |
|   | Employment contract: Permanent empl.contract   | Tem   | porary empl.  | contract          | Т   | erminated en                                     | npl. contract      |  |  |
|   | Insured person's working hours: hours/week   | Contractual degree of employment: per cent                      |               |                   |   |  |                    |  |  |
|   | Normal company working hours:  |   | hours/week    | Employ            | ment :  | Irregular  | Short-time working |  |  |
| 4. Date of<br>injury                      | Day Month Year Time (HH, MM)   |   |               |                   |   |  |                    |  |  |
| 5. Place of<br>accident                   | Area (name or postcode) and location (e.g. workshop, road)   |   |               |                   |   |  |                    |  |  |
| 6. Facts<br>(description<br>of accident)  | Activity at the time of the accident; how the accident happened; objects i                           | nvolved; v  | ehicles       |                   |   |  |                    |  |  |
|   | Person(s) involved:  |   |               |                   |   |  |                    |  |  |
|   | Does a police report exist? Yes No   |   | Unknown       |                   |   |  |                    |  |  |
| 7. Occupatio-<br>nal accident             | Objects involved (e.g. machines, tools, vehicles, materials; please descr                            | ibe exactly   | ')            |                   |   |  |                    |  |  |
| 8. Non-occup.                             | Please specify the last date on which the injured person worked at the co                            | ompany be   | fore the acci | dent (weekday, da | ate, time)                                      |  |                    |  |  |
| accident                                  | Date : Reason for abser  | nce :   |               |                   |   |  |                    |  |  |
| 9. Injury                                 | Body part:<br>Injury:  |   |               | Le                | ft  | Right  | Unknown            |  |  |
| 10. Address of<br>medical<br>practitioner | First treatment (doctor and/or hospital/clinic) Subsequent treatment (doctor and/or hospital/clinic) |   |               |                   |   |  |                    |  |  |
|   | eimbursement for bills you have already paid, please enclose the<br>count) to be credited            | receipts a  | and specify   | the account       |   |  |                    |  |  |
| Place and date                            | Stamp and signature  |   |               |                   |   |  |                    |  |  |

## Note to the employer

This minor accident report should be completed if the insured is still fit for work or is unfit for work for a maximum of three calendar days (date of accident plus the following two days).

Exceptions :

Instead of this minor accident report, the set of forms "Accident report LAA" must be completed in the event of - occupational illness,

- dental claims or
- a relapse.

We will send an invoice form to the attending doctor/doctors.