



Minor accident report (LAA)

Agency	Claim no. (please specify in all communication)
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1. Employer	Name and address incl. postcode Adobe Systems (Schweiz) GmbH Leutschenbachstrasse 95 8050 Zürich	Phone number	Policy no. 22807154
	e-mail :	Normal place of work of the injured person (branch of business)	
		Date of birth	AVS number
2. Injured person	Name and address incl. postcode	Marital status	Nationality
	e-mail :	Phone number	Work/residence permit (foreigners only) A B C
		Other employer(s)	
3. Employment	Date of commencement	Profession carried out	
	Position :	Senior management	Middle management
	Employment contract:	Permanent empl.contract	Temporary empl. contract
	Insured person's working hours:	hours/week	Contractual degree of employment: per cent
	Normal company working hours:	hours/week	Employment : Irregular Short-time working
4. Date of injury	Day Month Year	Time (HH, MM)	
5. Place of accident	Area (name or postcode) and location (e.g. workshop, road)		
6. Facts (description of accident)	Activity at the time of the accident; how the accident happened; objects involved; vehicles		
	Person(s) involved:	Does a police report exist? Yes No Unknown	
7. Occupational accident	Objects involved (e.g. machines, tools, vehicles, materials; please describe exactly)		
8. Non-occup. accident	Please specify the last date on which the injured person worked at the company before the accident (weekday, date, time).		
	Date :	Reason for absence :	
9. Injury	Body part:	Left	Right Unknown
	Injury:		
10. Address of medical practitioner	First treatment (doctor and/or hospital/clinic)		Subsequent treatment (doctor and/or hospital/clinic)
	11. If you require reimbursement for bills you have already paid, please enclose the receipts and specify the account (bank/postal account) to be credited		

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.