



Accident report
LAA

Accident Dental claim
Occup. disease Relapse

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 e-mail : _____	Phone number	Policy no. 22807154		
	Normal place of work of the injured person (branch of business)			
	Date of birth	AVS number		
2. Injured person Name and address incl. postcode e-mail : _____	Phone number	Marital status		
	Nationality	Children up to the age of 18 or in education up to the age of 25 Number None		
	Work/residence permit (foreigners only) A B C			
3. Employment Date of commencement	Profession carried out			
	Position : Senior management Middle management	Employee/worker Apprentice Trainee		
	Employment contract : Permanent empl. contract	Temporary empl. contract Terminated 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, suspected occupational illnesses)	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 last worked at the company before the accident (weekday, date, time).			
	Date:	Reason for absence:		
9. Injury	Body part:	Left Right Unknown		
	Injury :			
10. Disability	Stopped work as a consequence of the accident? Yes No	If, yes, from when ?		
	Anticipated duration of working incapacity: longer than 1 month	If work has been resumed: From Full-time Partially		
11. Address of medical practitioner	First treatment (doctor and/or hospital/clinic)	Subsequent treatment (doctor and/or hospital/clinic)		
12. Salary	CHF per	Hour	Month	Year
	Basic contractual salary incl. inflation allowance (gross)			
	Child/family allowance			
	Holiday/public holiday compensation	% or		
	Gratification/13 th monthly wage (and others)	% or		
Other salary allowances (e.g. piece rates, commission, payment in kind, shift allowance)				
Designation :				
13. Special cases	Voluntary insurance for entrepreneurs	Family members, partner	Subject to withholding tax	
	Other employer(s) :			
14. Compensation to be paid to bank/post account (number and name of the bank): Bank details Adobe Systems: Bank of America, IBAN: CH87 0872 6000 0304 1101 3 / BIC: BOFAGB3SSWI				
15. Other social insurance benefits	Is the insured already entitled to daily sickness benefits or a pension payments from any of the following: health insurer, Suva or other compulsory accident insurance company, old age and survivors insurance (AVS), professional provident institution, military insurance scheme, unemployment fund?			
	If yes, from which?			
	Name of compulsory health insurer:			

Place and date

Stamp and signature

Accident report: notes

Please complete the accident report and return it to us immediately. The following notes may be of assistance to you. Thank you for your cooperation.

General

Complete this set of forms if:

- incapacity to work lasts longer than 3 calendar days (including day of accident);
- you have an occupational illness;
- you wish to report dental trauma;
- a relapse occurs.

If all that is required is dental treatment, then it is sufficient for you to send the accident report (without section 12 salary details) to the Agency; you can destroy the remaining forms. The insurance company will contact the dentist.

When reporting a relapse, please provide the claim number. If the number is not known, please provide the accident date and your employer at that time.

In the event of serious accidents - particularly deaths - please inform the insurance company by telephone as well.

Should none of these cases apply, please use the set of forms "Minor accident report LAA".

Use of information

Information entered in accident report forms is used for:

- a) damage settlement ;
- b) creation of anonymous statistics for the prevention of accidents and occupational illnesses ;
- c) legally required anonymous transfer to the Federal Statistical Office for creation of public salary statistics.

Notes to individual sections of the accident report

Section 1 «Normal place of work»

Turning workshop/carpentry shop/office IT.

Section 3 «Profession carried out»

Enter as accurate a description of the insured person's most important professional activity as possible.

Examples :

Business trainee / clothes retailer
Head of finance / chef / operator / caretaker

Entries such as labourer, employee etc. are insufficient.

Section 5 «Place of accident»

Examples :

- For industrial accidents:
1211 Genève, hall 1, building site xy, staircase C
- For non-occupational accidents: :
1820 Montreux, carrefour Grand-Rue - rue du Casino ou
1007 Lausanne, stade de Vidy.

Section 6 «Facts (description of accident, suspected occupational illness)»

As accurate a portrayal of events and their attendant circumstances as possible is required.

Section 8 «Non-occupational accident»

If the insured person was not working prior to the accident, then the reasons for absence (e.g. holiday, illness, military service, unpaid holiday, unemployment) must be stated.

Section 12 «Salary»

The AHV pensionable salary must be entered (paragraph 7 of the regulation on old age and survivors insurance), i.e. the gross salary of the insured person before deduction of social insurance contributions, tax etc, at the time of the accident.

The effective salary must be entered even for salaries above the maximum insured amount.

For voluntarily insured people, enter the annual income agreed.