

Wuŝtenrot poisťovňa, a.s. (Insurance company),  
 Karadžičova 17, 825 22 Bratislava 26, Slovakia,  
 Company Registration Number: 31 383 408,  
 Commercial Register of the District Court, Bratislava I,  
 Section Sa, entry No. 757/B  
 www.wuŝtenrot.sk

**INJURY REPORT**

03/2017 254

**WARNING:** In the case of a co-insured child being injured, it is necessary to submit a copy of the co-insured child birth certificate as an attachment to the Injury report, in order for the insurance compensation claim to be assessed.

**THE INSURED, OR CO-INSURED CHILD PARTICULARS**

Name and Surname:	Birth registration number:	Phone number:
Permanent address:	ZIP code:	
Are you politically exposed person under the Act. 297/2008? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify in what position: If the injury occurred to the co-insured child particular, answer the questions in the part Declaration of the legal representative.		
Occupation (kind of work activity and the employer permanent address):		
Numbers of insurance contracts that insure you against injuries:		

1. INJURY PARTICULARS 1.1. When and where did the injury occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

1.2. Give a coherent and detail description of the activity, process and circumstances that lead to injury:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.3. Which body part was injured? \_\_\_\_\_ 1.4. Was this body part handicapped functionally or otherwise before the injury? yes  no   
 In what way? \_\_\_\_\_

1.5. Address of the medical center, where you were provided general the first treatment and when: \_\_\_\_\_ where you were treated: \_\_\_\_\_ Name and address of the practitioner who you belong to as a patient and who keeps your medical records: \_\_\_\_\_

1.6. Did the injury occur as a consequence of duty service performance or its direct connection? yes  no   
 If so, state the particular workplace where the injury occurred, as well as the activity that you were doing at the time: \_\_\_\_\_

1.7. Did the injury occur while doing an activity other than duty service? yes  no  If so, tick the correct cause of injury:  
 doing repair and maintenance work; handling machines, tools or material  while travelling or in any connection with traveling  doing sports  
 during stay and activity done at home or surrounding area  at school or an event organized by school  in business  
 while walking or doing some recreational activities or other activities  own vehicle, own fault  doing other activity outside your occupation

1.8. Give a closer description of what was the cause of injury: \_\_\_\_\_

1.9. Names and permanent addresses of potential injury witnesses: \_\_\_\_\_

1.10. The case was investigated by (body, address, or name): \_\_\_\_\_

1.11. If the case is a motor vehicle accident, please state:  
 Kind and the make of the vehicle: \_\_\_\_\_ Vehicle registration plate: \_\_\_\_\_  
 Name and address of the motor vehicle owner: \_\_\_\_\_  
 Name and address of the driver: \_\_\_\_\_

**2. ACKNOWLEDGEMENT OF THE EMPLOYER OR ORGANIZATION**

In case the injury occurred as a consequence of work activity or its direct connection:  
 In ..... on ..... Stamp and signature of the employer (organization)

**3. DECLARATION AND AUTHORIZATION (FILLED IN BY THE INSURED PERSON OR HIS/ HER LEGAL REPRESENTATIVE)**

I hereby declare to have filled in only one injury report about the injury, in which I stated truthful and complete information. I authorize the insurance company with the right to request any documentation concerning the origin and treatment of my bodily harm and overall medical condition.

**Insurance coverage to be remitted to:**

to bank account: IBAN: \_\_\_\_\_ SWIFT/BIC: \_\_\_\_\_

Declaration of the legal representative in case a juvenile insured person is involved: I hereby certify my authorization to represent my child and administer all the matters of hers/ his, and I recognize my responsibility for all the consequences in case this declaration was not truthful.

Name of the legal representative: \_\_\_\_\_ Birth registration number: \_\_\_\_\_

Are you politically exposed person under the Act. 297/2008?  Yes  No If so, please specify in what position:

In ..... on ..... Signature of the insured person/ legal representative of the insured juvenile

