

W DOBROM AJ V ZLOM

Wüstenrot poisťovňa, a.s. (Insurance company)
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 851 01 Bratislava, Slovakia
 Company Registration Number: 31 383 408,
 Commercial Register of the City Court,
 Bratislava III, Section Sa, entry No. 757/B
 www.wuestenrot.sk

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INJURY REPORT

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

