Claim Notification

Municipal Accident Insurance

Municipality name _____

Name of school or organisation _____

About the claimant

Name _____

Personal identity number _____

Postal address (address, postal code, city, country)

_____

About you as the person reporting the occurrence

In what capacity are you reporting the claim?

☐ Parent/guardian ☐ Injured person ☐ Policyholder (the person who took out the insurance)

☐ Other person (relationship to the injured person) _____

Email address _____

Telephone number _____

About the accident

What happened? ☐ Injury ☐ Death

_____

In case of death

On what date did the death occur? _____

Does a death certificate exist? ☐ Yes ☐ No

In case of injury

When did the injury occur? (date) _____

Did the injury occur during school or activities, on the way to or from school or activities, or during leisure time?

☐ During school or activities ☐ To or from school or activities ☐ During leisure time

How did the injury occur?
Please note that this is accident insurance that only provides compensation for personal injuries requiring medical treatment. If your child's glasses, clothing, or other belongings were damaged without a personal injury, we are unfortunately unable to provide compensation. For this type of damage, please contact your home insurance provider.

☐ Bite injury

☐ Burn injury

☐ Animal bite/Insect bite

☐ Electric shock

☐ Fall

- ☐ Slip ☐ Trip ☐ Fall from a height ☐ Fall from playground equipment
- ☐ Other type of fall, please describe _____

☐ High/low temperature

☐ Crush injury

☐ Collision / impact

- ☐ Collision with another person ☐ Collision with an object ☐ Injury caused by a thrown object

☐ Lifting injury

☐ Traffic accident

- ☐ Hit by a vehicle ☐ Bicycle accident ☐ E-scooter accident ☐ Other traffic accident

☐ Cut / puncture injury

☐ Violence / assault

- ☐ Physical blow ☐ Assault

☐ Twisting injury

☐ Other _____

What activity was taking place when the injury occurred?
For example: play, sports, travel to or from school, or a school activity

- [ ] Play
  - [ ] Free play
  - [ ] Climbing frame
  - [ ] Swing
- [ ] Sports / training
  - [ ] Gymnastics
  - [ ] Game or training session
  - [ ] Horse riding
  - [ ] Skiing
  - [ ] Ice skating
- [ ] Transport
  - [ ] Bicycle
  - [ ] E-scooter
  - [ ] Other road traffic
- [ ] School activity
  - [ ] Crafts or technology
  - [ ] Physical education class
- [ ] Leisure activity
- [ ] Other _____

Briefly describe what happened and how the injury occurred

_____

Which part of the body was injured?

- [ ] Head
- [ ] Face / eyes / ears
- [ ] Teeth
  - [ ] Dental injury upper jaw
  - [ ] Dental injury lower jaw
  - [ ] Dental injury upper and lower jaw
- [ ] Neck / back / shoulders
- [ ] Arm
- [ ] Hand / fingers
- [ ] Leg / knee
- [ ] Foot / toes
- [ ] Torso / chest / abdomen
- [ ] Other _____

How serious would you say the injury is?

- [ ] Minor (no further follow-up needed)
- [ ] Moderate (follow-up visit or treatment needed)
- [ ] Severe (surgery or long-term care needed)

What type of care was needed?

☐ Doctor

When was a doctor contacted? (date) _____

Which clinic, hospital, or doctor's office did you visit?
Please provide the name and city. _____

Has the treatment been completed? ☐ Yes ☐ No

☐ Dentist

What dental injury occurred? _____

When was a dentist consulted? (date) _____

State the name of the dental clinic _____

Has the dental treatment been completed? ☐ Yes ☐ No

☐ None

Please note that this accident insurance covers personal injuries requiring medical attention in connection with the incident. If no medical care was needed, the incident is not covered by the insurance.

Has a doctor prescribed taxi travel to and from school because of the injury? ☐ Yes ☐ No

Do you have additional accident insurance with another insurance company that covers this type of incident?

☐ Yes

Which insurance company/companies? _____

Have you reported the injury there? ☐ Yes ☐ No

☐ No

About costs incurred in connection with the injury

Have you/the injured person incurred any costs for care, treatment, medication, or travel because of the injury? ☐ Yes ☐ No

If yes, what types of costs have arisen?

☐ Care ☐ Medication ☐ Travel ☐ Assistive devices ☐ Personal property

List any costs you have incurred because of the injury that were not reimbursed by another insurance policy.

Date of treatment	**Type of expense** (doctor's fee, medication, travel, etc.)	**Total cost**	**Amount reimbursed by social insurance**	**Remaining amount**	**Receipt no.**

Bank name _____

Clearing number and bank account number _____

Signature

Town/City _____ Date _____

Signature _____

Clarification of signature _____

Important!
Please attach documents that support the information provided, for example:

- Death certificate
- Medical certificate confirming the need for taxi travel
- Medical certificate
- Receipts for expenses
- Dental certificate (for dental injuries)

Personal data processing

Zurich processes your personal data in accordance with the General Data Protection Regulation ("GDPR"), meaning we protect your personal integrity. A pre-requisite for our possibility to handle your notice of claim is Zurich's processing of your personal data.

If you have also provided us with personal data about other individuals than yourself, our assumption is that you will provide them with this information. Should you be prevented to do so, you are required to inform us of this circumstance and provide us with their full contact details.

More information about how we process personal data and data subjects' rights in regards to the personal data processing can be found at www.nordic.zurich.com/privacy

If you do not have the possibility to read, or download, the information as provided on the website, please get in touch with us using the contact details on the last page of this notice of claim so that we can send you the information in a suitable form.

Send the claim notification with attachments to
kommunolycksfall@zurich.com

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