Sympany Insurance Ltd.
Peter Merian-Weg 4
4002 Basel
Phone 0800 955 000
Fax 0800 955 999
www.sympany.ch

Minor accident report UVG

Claim number

1. Employer
Name and address with postal code
Tel. No.
Contract/Policy No.
Contact (name, telephone number, e-mail)
Normal place of work of the injured person (branch of business)

2. Injured person
Name and address with postal code
Date of birth
AHV number
Citizenship
Marital status
☐ Male ☐ Female

3. Employment
Date of appointment
Occupation practised
Group/Circle of persons

Position: ☐ Higher executive management ☐ Intermediate management
☐ Salaried employee/worker ☐ Apprentice ☐ Trainee

Working time of the injured person (hours per week):

4. Claim date
Day
Month
Year
Time (hours, minutes)

5. Scene of accident
Location (name or postal code) and place (e.g. workshop, road)

6. Statement of facts (description of accident)
Activity at the time of accident; particulars of accident, persons involved, objects involved, vehicles
Person(s) involved:

7. Occupational accident
Objects involved (e.g. machine, tool, vehicle, working material; exact designation please)

8. Non-occupational accident
Until when did the insured last work in the company before the accident (weekday, date, time)?
Until:
Reason for absence:

9. Injury
Part of body:
☐ Left ☐ Right
Injury:

10. Physicians' addresses
First physician or hospital/Clinic giving treatment
Physician or hospital/Clinic giving follow-up treatment

Place and date
Stamp and signature

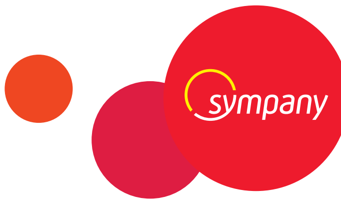
Note for the employer
This Minor Accident Report is to be completed if no incapacity to work or one of 3 calendar days at the most (day of accident and the following 2 days) occurs.

Exceptions
An Accident Report UVG is to be completed instead of this Minor Accident Report in the case of
- occupational illness
- dental damage or
- relapse

For applications for the reimbursement of invoices already paid, we would ask you to please enclose the vouchers and to state the payment address (PostFinance/bank account) here below.

Bank account:

0220-06-0127



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Reference number (EAN): 7601003019759

Pharmacist' certificate Minor accident report UVG

Claim number

Employer

Name and address with postal code

Tel. No.

Contract/Policy No.

Normal place of work of the injured person (branch of business)

Injured person

Name and address with postal code

☐ Male ☐ Female

Date of birth

AHV number

Occupation practised

Claim date

Day

Month

Year

Time (hours, minutes)

Notes for the injured person
The medicines prescribed by the physician will be given to you by the pharmacist free of charge on presentation of this certificate. All medicines are to be obtained from the same pharmacy.

Notes for the pharmacist
Please send this invoice after completion of the treatment – at the latest, however, 3 months after the date of the accident – to the address shown above.
You can request a new Pharmacist's Certificate from us if
- the space for entering the items obtained is not sufficient
- further medicines are needed after the end of 3 months

Injury

Part of body:

☐ Left ☐ Right

Injury:

Physicians' addresses

First physician or hospital/Clinic giving treatment

Physician or hospital/Clinic giving follow-up treatment

The pharmacy's invoice

Date of delivery	Type and quantity	Price CHF	Ct.

Please enclose prescriptions

Total

Date

Pharmacy's stamp

PostFinance account No., bank and bank account No.

When settling through OFAC: 35-1

Goes to: Injured person ⟶ Pharmacist ⟶ Sympany

0220-04-0124