

Accident notification

Member's name	
Address	
Date of birth	
OGBL member since	
Employer (name + address)	

1

Place and time of the accident?	
During which activity (e.g. travel, sports)?	
How did the accident happen?	

2

Which police station has drawn up an accident report?			
Was an alcohol test carried out?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Result :

3

Did the injured person drive the vehicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes		
Driver's licence since :		
Category :		
Vehicle make :		

4

Accidents with fatal consequences ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
What kind of injury does it involve?		
Which parts of the body are injured ?		
Is a minimum 10% invalidity required ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name and address of attending doctor :		

Location :

Date :

Signature of the injured person or their representative

RESERVED FOR THE 'MEMBER MANAGEMENT' SERVICE

Membre depuis :

Matricule OGBL :

Retourné en copie à l'intéressé avec information :

Transmis à l'assurance Baloise Assurances pour indemnisation

Date de transmission :

Affaire déclinée

Membre averti le :

Raison :

Date :

Cachet et signature :