Personal accident insurance indemnity application

(please complete in UPPERCASE)

Insurance contract	Policy number	Date of validation	Date of expiry

Policyholder (Person who concluded the contract and pays for insurance)	First name and surname / Company name		Personal identification code / Registry code
	Mailing address (street, building, city, municipality, county, postcode)		
	Phone	E-mail	Fax

Contact person	First name and surname	Phone / E-mail

Insured person	First name and surname		Personal identification code
	Mailing address (street, building, city, municipality, county, postcode)		
	Phone	E-mail	Occupation

Indemnity receiver	First name and surname	Personal identification code
	Bank account no	Bank
	Company name	Registry code
	Bank account no	Bank

Accident Have You concluded a similar contract at another insurance company? □ no □yes, please specify …………………… ……………………..	Place of the accident	Date	Time
	Accident took place □ at work (school) □ during leisure time □ at practice/competition of competitive sports □ during recreational sports □ other, ……………………………………………	Time of informing Seesam	□ phone □ e-mail □ other ………...
	Which part of body got injured?	Have You injured the same part of Your body before? □ no □ yes, when?	
	Time of earlier injury and name of medical institution that indicated treatment (and name of attending physician)		

	Detailed description of the accident (how the injury emerged, which part of the body got injured, what kind of first aid was indicated) (if necessary, use an additional page)

Other information concerning the accident	Were You under the influence of alcohol or drugs during the time the accident happened? □ no □ yes		
	Have You informed the police regarding the accident? □ no □ yes	Date	Name of the police authority

Sports competition	Are You a member of sports association/club? □ no □ yes, which one

Treatment	Description of treatment	Begin date	End date	Name of medical facility
	First aid			
	Hospitalised and/or ambulatory treatment			
	Rehabilitation			
	Dental treatment			

Diagnosis	Main diagnosis determined by the doctor	Accompanying diagnosis determined by the doctor

Incapacity for work	Begin date	End date

Added to indemnity application	□ copy of the policy valid during the time the accident happened □ copy of the certification of incapacity for work (filled in by the employer) ….. pcs □ extract of medical history in case of hospitalised treatment ….. pcs □ doctor's statement (on Seesam's application form) .... pcs □ medical document concerning permanent and unrecoverable injury and its breadth □ medical document concerning the justification of dental treatment □ extract of dental card □ roentgenogram ..... pcs □ report in case of an employment injury □ certification of the police when the accident is registered by the police □ proof of incomes □ decision of medical expertise concerning permanent incapacity for work □ copy of indemnity receiver's personal identification document (copy of a B-card for a company) if the indemnity exceeds EUR 6,400 or the indemnity receiver is not the insured person □ copy of the list of insured persons (if the policyholder is a corporate client) □ personal identification document of the beneficiary or inheritor in case of death, document evidencing rights of inheritance for inheritor(s) □ other documents ….. pcs, which documents?

Notes	

Signature of insured person (legal representative)	I confirm that the details given above are true. I confirm to be aware of the existence of the insurance contract and I have given my permission to conclude it. I hereby consent Seesam to process personal data (including delicate personal data) and obtain information and data in regard to the aforementioned accident from relevant persons (e.g. medical institutions, attending physicians).		
	First name and surname	Date	Signature

Signature of policyholder	I confirm my awareness about before mentioned accident and ways of paying the indemnification.		
	First name and surname	Date	Signature

Insurance company	Seesam Insurance AS, A.H.Tammsaare tee 118d, 12918 Tallinn, Phone +372 628 1700, fax +372 628 1771, e-mail: kahjud@seesam.ee, www.seesam.ee

Registration of application	Name of Seesam's representative who received the application	Date	Signature