



CLAIMS REPORT - ACCIDENT

To be filled out by the injured person

It is important that all questions are answered in as much detail as possible, that will shorten the processing period of the claim. Please include all relevant documents with the claim form.

I. General Information

Name of injured person _____ ID no. _____
Address _____ Postcode: _____ Town/City _____
Phone (home) _____ Mobile _____ Phone (work) _____
Email _____ Place of employment _____
Job title _____ Work percentage _____ %
Name of the insured (if other than the injured) _____ ID no. _____

II. Accident Information

Date of Accident? Day _____ Month _____ Year _____ Time _____

Did the accident occur: During leisure-time Traffic accident Car registration no. of the injured's car: _____
 During work En route to / from work
 Sport activity during practice Sport activity during competition Other

Place of accident _____

Description of how the accident occurred? (Please describe in detail the events leading to the accident)

Were there any witnesses? Yes No

If yes, then please provide their names and phone number _____

Was the injured person under the influence of alcohol/other drugs? Yes No

Was the police notified? Yes No

Was the Vinnueftirlit/Labour Inspection notified? Yes No

III. Medical Treatment

Name and address of doctor/treatment center	Treatment began	Treatment ended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address of General Practitioner _____

IV. Consequences

Description of injuries caused by the accident? _____

Due to the accident are/were you incapable to work? Yes No

If yes, please state the period and percentage of work incapacity from _____ to _____ %

Will the work incapacity affect your wages? Yes No

If yes, from what date? _____

V. Condition before the Accident

Were you suffering from an injury before the accident? Yes No

Were you healthy and able to work before the accident? Yes No

Were you suffering from an illness before the accident? Yes No

Any former disability evaluations? Yes No

If yes, who performed the evaluation? _____

Further explanations on prior medical conditions _____

Any other information that could be vital in the processing of the case _____

VI. Arrangements for Compensation Payments

In the case of payments please deposit into the following bank account:

Bank no. _____ Hb _____ Account no. _____ ID no. _____

Since the Company is legally obliged to deduct the income tax off of any paid per diem allowance or any compensation for loss of wages and return it to the Treasury, the injured person can utilize his/her personal tax credit by handing their tax card to Tryggingamiðstöðin hf.

I, the undersigned, do hereby truthfully attest that the above-mentioned answers and information I have provided herein are to the best of my knowledge correct and that I have not concealed any facts that might be of importance with respect to any decision the company may make regarding its liability, if any, and the amount of insurance benefits. I am aware that any false or insufficient answers may affect my right to receive insurance benefits.

Signature

Place/date

Registration in the Creditinfo's Claims Database.

Loss and damage notified to the company is recorded in a special claims database operated by Creditinfo according to an agreement with Samtök fjármálafyrirtækja (SFF, the Union of Employees of Financial Undertakings), of which the company is a member, and authorisations granted by the Data Protection Authority (Persónuvernd). The company is regarded as the responsible party within the meaning of Act No. 90/2018 on the Protection of Personal Privacy and Processing of Personal Data for its registrations of information into the database and the look-ups it carries out. The object of registering in the Claims Database is to prevent insurance fraud and the overpayment of insurance benefits. The information registered is the ID No. of the injured party, case number, type of insurance and damage, date of damage and registrations, location of damage and, as the case may be, the unique number of the insured object, such as the registration number of a vehicle. On registering the damage, the company obtains an overview of all the claims the injured party has notified, irrespective of company and which have been recorded in the database. Only the employees of the company who record the damage and who are involved in compensation settlements have access to the Claims Database. The information is to be deleted from the database when no longer needed for the object of the processing, at the very latest when 10 years have elapsed from the registration of the information.

The registered injured party can access information on look-ups in the database on "My Creditinfo" on the website of Creditinfo. Enquiries and comments relating to look-ups and incorrect information shall be directed to Creditinfo.

VII. Warrant to Process Sensitive Personal Information

I realise that for Tryggingamiðstöðin hf. to be able to assess the impact the incident has had on my state of health and ability to work, both temporary and permanently, as well as my right to compensation, it is necessary for Tryggingamiðstöðin hf. to gather/receive medical information as detailed and clear as possible concerning my state of health before and after the incident, both in regards to the incident itself, other deceases and other accidents, as well as information concerning my ability to work before and after the incident.

I hereby warrant Tryggingamiðstöðin hf. an unlimited permit to gather/receive information/documentation, including my medical records, from physicians, medical treatment institutions (such as hospitals and health care centres), The State Social Security Institute, The Icelandic Health Insurance and Insurance Companies regarding my health and ability to work prior to and after the accident/illness, both in regards to the accident/illness itself and other diseases and accidents, depending on what is deemed necessary to correctly evaluate my claim. This warrant also extends to the handling of the information requested by Tryggingamiðstöðin hf. by employees of medical treatment institutions. I, additionally, permit the gathering of information from the Tax authorities regarding municipal tax and/or allocated return where applicable.

Information, gathered/received with this warrant, may only be used for Tryggingamiðstöðin's hf. handling of my case and under circumstances during the disability evaluation or another comparable evaluation, if such an evaluation is deemed necessary by me or Tryggingamiðstöðin hf.

Information and documentation (such as medical certificates, copies of medical records, physicians notes and such) obtained in accordance with this warrant may only be deposited to the employees that handle the settlement of the claims. If Tryggingamiðstöðin hf. deems it necessary to seek specialist medical advice in connection with the handling of my case, the company is also permitted to hand over the documents to a doctor. If it becomes necessary to institute legal proceedings to claim the settlement it is furthermore permitted to submit the documents in those proceedings. Whoever receives the information in accordance with this warrant shall always keep the information in the strictest confidence and all information shall be preserved in such a way that it is inaccessible to unauthorized persons.

I can revoke this warrant at any time.

Date of incident

Claimant's name

Claimant's ID. no

Town/City and date

Claimant's signature