

Notification of accident

Bodily injury

Tooth damage adult

Tooth damage child

Policy number _____

Claim number _____

POLICYHOLDER

Name _____

Civil registration number _____

Telephone _____

Address _____

Postal code and city _____

E-mail address _____

INJURED PERSONS

Name _____

Civil registration number _____

Telephone _____

Address _____

Postal code and city _____

E-mail address _____

Description of your work/occupation at the time of the injury

If you are a self-employed person

Number of employees _____ Art of company Ltd., Partnership, Private Limited Company One-man firm Other _____

DESCRIPTION OF THE DAMAGE

When did the damage occur? _____

Date _____

Time _____

When did you undergo medical/dental treatment? _____

Date _____

Time _____

Name and address of your doctor/dentist

Did you consume beer, wine, spirits or the like prior to the accident?

No

Yes

Number of units of alcohol _____

Has any other insurance company or Third Party been notified of your bodily injury?

No

Yes

Company _____

Policy/claim number _____

Are you a member of the Health Insurance "Danmark"?

No

Yes

Group number _____

Has a police report been made on the accident?

No

Yes

Police station _____

The injury was sustained During work for others During leisure time In own company On the way to and from work

In school/Day care institution

Where did the injury occur?

How did the injury occur?

What was the direct cause of the injury?

INJURY SUSTAINED DURING SPORT

The sport was done at an elite level an amateur level Other_____

INJURY SUSTAINED IN THE TRAFFIC

I was driving a Car Motor cycle EU Moped Other_____

Is your vehicle insured with If No Yes Reg.no. of my vehicle_____

Has Third Party taken out liability insurance No Yes Reg.no. of Third Party's vehicle_____

Policy/claim number_____

Company_____

Were you a driver or a passenger? Driver Passenger

TO BE FILLED OUT IN CASE OF TOOTH DAMAGE

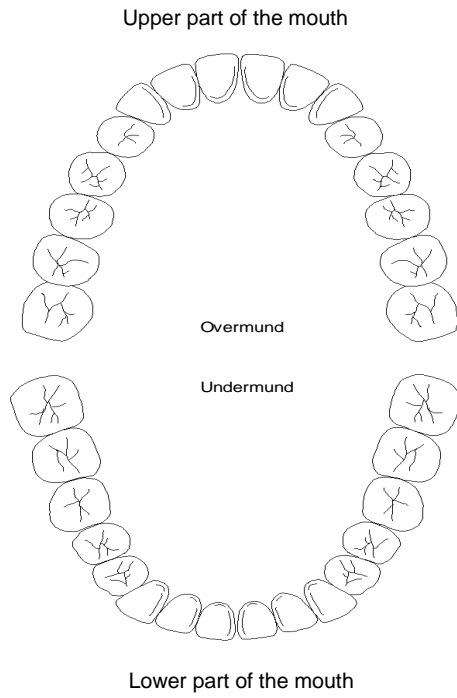
Mark by a cross the tooth or teeth that was/were damaged

Persistent teeth

Milk teeth

What happened to the tooth/teeth?

The tooth/teeth is/are Knocked loose Knocked out Broken



INFORMATION ABOUT THE CONSEQUENCES OF BODILY INJURY

Were you in perfect health when the damage occurred? Yes No Description _____

What part of the body is injured? _____

I enclose Epicrisis Injury note Other

When did you first contact the doctor? Date _____

At whom did you get the first medical treatment? Doctor/Hospital _____ Address _____

What kind of treatment have you received?

Do you still receive medical treatment? No Yes Treatment plan _____

Have you previously received medical treatment of the same part of the body? No Yes

Description

PREVIOUS INJURIES

Have you previously incurred bodily injury/tooth damage? No Yes If yes - describe the damage _____

DATE OF INJURY

Have you received compensation No Yes from which company _____

Claim number _____ Degree of permanent injury in per cent _____

PAYMENT

Bank Registration and account number

Please inform us of the bank registration and account number of your financial institution for the use of any claims payment. Payment into the account specified will be in full satisfaction of a debt for If, and therefore it is important that the number is correct. The information will be handled confidentially and will be used only in this claims case.

The undersigned hereby certify that the aforementioned questions have been answered in accordance with the truth. I am acquainted that incorrect information may result in lapse or reduction of compensation. I give my permission that If may gather information about me from practitioners and treatment institutions, dentists, doctors, hospitals and other relevant institutions as for example insurance companies, the police, public authorities and the Danish National Board of Industrial Injuries (Arbejdsskade styrelsen) who have or will get knowledge of the incident and/or my state of health reported. Furthermore If may acquaint these of the information given.

Date _____ Signature _____

Shall be sent to If, Stamholmen 159, DK-2650 Hvidovre