

Instructions relating to the declaration of an accident at work / a commuting accident

Important notice:

In order to enable accident forms to be processed quickly and properly, it is essential to fill them out with care and in a complete manner. Any incomplete form will be returned and failure to comply with these instructions may result in administrative fines as mentioned in article 445 of the Social Security Book (CSS).

Fraud or false declaration will give rise to the repayment of benefits unduly received and the fraudster exposes himself to fines and possible prison sentences (Art. 451 of the CSS).

According to the regulation applicable to personal data protection, the accident insurance association, within its legal mandate, will collect only data strictly necessary to the treatment of the accident declaration. These data will not be processed later in a way incompatible with that purpose. Each person has the right of access and correction of personal data by sending an e-mail to the Data Protection Officer (dpo.aaa@secu.lu). Details according to personal rights can be found on the Internet.

(Translated from the French original text; in case of litigation, the French text is legally binding)

1. General instructions

a) Under which circumstances does an accident report need to be filled out?

For each occupational or commuting accident (even in the case of minor accidents not giving rise to any work incapacity and accidents not involving any physical injury but material damage to vehicles only).

b) How should an accident be declared?

Accidents must be declared in writing to the accident insurance association using the prescribed form, downloadable on the website www.aaa.lu under the section "Documentation / Formulaires".

The declaration must be sent to the "**Association d'assurance accident**", either to the postal address L-2976 Luxembourg, by fax to the number +352 495335 or by e-mail (**PDF format**) to the address declaration.aaa@secu.lu.

The signatory has to provide all the information requested on the form.

Medical certificates and medical fees must be sent to the National Health Care Institution (CNS).

c) Who is required to make the declaration?

The employer or his representative (person authorized by the employer)

d) What is the time limit for making an accident declaration?

As soon as possible, but at the latest one year after the occurrence of the accident.

e) Should copies be made?

One copy of the accident report has to be delivered to the insured and another one should be kept in the **company files**. The accident insurance association will, depending on the case, send a copy to the Labour Inspection (ITM) or to the National Institution for Safety in the Public Service (SNSFP).

For additional information, please contact the department « **Prestations** » by phone at the number **261915-2235** or by e-mail at the address « prestations.aaa@secu.lu ».

2. Specific instructions (It is important to give an answer to each question on the form)

Sections:

1. EMPLOYER

1.03 Social security number assigned to the company by the Centre commun de la sécurité sociale (13 or 15 digits).

2. INSURED

2.02 Social security number of the insured person.

2.04 In case of a temporary employment contract, information from the user company is needed to answer questions 3 to 5.

3. INFORMATION CONCERNING THE ACCIDENT

3.04 The concept of 'usual workstation' should be understood in a restrictive sense, always inside the premises of the usual local unit of work (fixed workstation in a workshop, shop, office).

The concept of 'occasional or mobile workstation' is used in a broader sense and covers:

- occasional intervention on behalf of the employer outside the usual local unit and inside the premises of a client or another employer (meeting, mission, business interview, installation or repair, etc.),
- temporary assignment in a fixed workstation outside the usual location or in a local unit different from the usual one. The definition includes workstations occupied during several days or weeks but which are not a definitive assignment workplace (temporary assignment as employee of an enterprise working inside the premises of another employer or as person engaged by an employment agency or business, important maintenance activities at a client premises, teleworking, etc.).
- jobs for which the workstation is mobile (truck driver, construction worker, fitter, repairer, policeman, watchman, street sweeper, etc.).

The concept of 'commuting' is used on the way to and from:

- the main residence, a secondary residence with a stable character or another place used by the insured person for family reasons, and the workplace,
- the workplace and the restaurant, canteen, or, in general, the place where the insured person usually takes his meal.

3.05 Location or workplace, e.g. workshop, warehouse, repair station, tunneling, barn, office, school, shop, hospital, hotel, private home, canalization, orchard, garden, motorway, inside a car, on a boat, underwater, etc. Please indicate street and village in case of a road accident.

3.06 Activity of the insured person, e.g. operating a machine, working with tools, operating an engine, grabbing, lifting or transporting an object, climbing up or down a ladder, walking, running, sitting down, etc.

Events deviating from the normal workflow, e.g. electrical problem, explosion, fire, overflow, leakage, overturning, gas leak, breakage, bursting, falling or collapsing objects, abnormal starting or functioning of an engine, loss of control over a vehicle or an object, slipping or falling of a person, inappropriate handling, false move, surprise, fear, violence, aggression, etc.

5. CONSEQUENCES OF THE ACCIDENT ACCORDING TO THE INSURED'S INFORMATION

5.01 This box must be checked in case of an accident without injuries and with damage to the vehicle only. In that case, sections 5.02 to 5.06 can be skipped. The compensation of the vehicle damage is subject to following conditions: the insured person has to present a claim, the damage must be personal and not otherwise covered and there is a deductible of 2/3 of the minimum social wage. The claim form can be downloaded from the Internet www.aaa.lu under the section "Documentation / Formulaires".

5.02 These indications are only informative and the accident insurance association will, if necessary, request a detailed
5.03 medical report.

6. SIGNATORY (EMPLOYER OR REPRESENTATIVE)

6.05 The accident declaration must be signed by the employer or his representative.