

DECLARATION OF A SCHOOL / EXTRACURRICULAR ACCIDENT

The declaration must be completed, according to the instructions, by the mayor, the school principal, their delegate, the representative of the Luxembourgish organization that organized the activity or the management of the state-approved organization

1. ESTABLISHMENT / ORGANIZER / ORGANIZATION

1.01 Name of the educational institution, organizer of extracurricular activity, or state-approved organization

1.02 Address

1.03 Social security number given by the Centre commun de la sécurité sociale

2. INSURED

2.01 First and last name of the insured

2.02 Social security number of the insured

2.03 Address

3. LEGAL REPRESENTATIVE OF THE INSURED

3.01 First and last name of the legal representative

3.02 Social security number of the legal representative

3.03 Address of the legal representative

4. INFORMATION CONCERNING THE ACCIDENT

4.01. Date and time of the accident

	:	
day / month / year	H	m

4.02. Date and time of the declaration to the signatory from section 7.01 below

	:	
day / month / year	H	m

4.03 Hours during which the insured attended or should have attended the establishment or activity on the day of the accident

morning from / to

afternoon from / to

:	/	:	/	:
H	m	H	m	H

4.04 Did the accident occur :

- during education
- during an extracurricular activity
- while commuting

In case of a road accident :

- was the insured :

<input type="checkbox"/> on a public transport	<input type="checkbox"/> in a private car	<input type="checkbox"/> other <input style="width: 50px;" type="text"/>
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- was the insured :

<input type="checkbox"/> the driver	<input type="checkbox"/> the passenger	<input type="checkbox"/> other <input style="width: 50px;" type="text"/>
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- was a friendly accident report filled out?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- was a police report established?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4.05 Detailed description of the **place or location at the time of the accident** (in case of a road accident, please specify the exact location: e.g. locality, street, motorway exit, etc.) In case of an accident abroad, please indicate the country.

4.06 Detailed description of the activity or task the insured was performing at the moment of the accident.

4.07 List of objects involved in the accident (e.g. tools, machines, sports and play equipment, materials, instruments, substances, etc.).

4.08 Description of events that deviated from the normal process and led to the accident (e.g. wet or slippery floor).

4.09 If applicable, please specify the public authority (e.g. Police, ITM, CGDIS, ...) which was notified / was on site of the accident :

4.10 Was(Were) there any eyewitness(es) ? Yes No If applicable, name(s) and address(es) of the witness(es)

4.11 Name, address and function of the first person notified (e.g. School Facility / Organizer of Extracurricular Activities / Childcare Facility)

5. PREVENTIVE MEASURES

5.01 Which preventive measures were in place when the accident occurred?

5.02 Which preventive measures have been taken or should be taken in order to avoid a similar accident in the future?

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

6.01 **No injury**, only material damage to the vehicle -> **Please continue with point 7.**

6.02 **In case of injury**, please indicate the **nature** of the injury(ies)

- | | |
|--|---|
| <input type="checkbox"/> Superficial wounds and injuries | <input type="checkbox"/> Effects due to noise, vibration and pressure |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Effects due to extreme temperature, light or radiation |
| <input type="checkbox"/> Dislocations, sprains and strains | <input type="checkbox"/> Shock (emotional / psychological) |
| <input type="checkbox"/> Concussions and internal trauma | <input type="checkbox"/> Burns and frostbites |
| <input type="checkbox"/> Other injury(ies), please specify: <input type="text"/> | |

6.03 Please indicate the **location** of the injury(ies)

- | | | | |
|---|----------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Head | Eye(s) | <input type="checkbox"/> left | <input type="checkbox"/> right |
| <input type="checkbox"/> Neck | Shoulder(s) | <input type="checkbox"/> left | <input type="checkbox"/> right |
| <input type="checkbox"/> Back | Arm(s), including elbow(s) | <input type="checkbox"/> left | <input type="checkbox"/> right |
| <input type="checkbox"/> Chest | Hand(s) | <input type="checkbox"/> left | <input type="checkbox"/> right |
| <input type="checkbox"/> Stomach, pelvis | Leg(s), including knee(s) | <input type="checkbox"/> left | <input type="checkbox"/> right |
| | Foot / feet | <input type="checkbox"/> left | <input type="checkbox"/> right |
| <input type="checkbox"/> Other injured body part(s), please specify: <input type="text"/> | | | |

6.04 If applicable, name and address of the first attending physician

Date of consultation : day / month / year Doctor code (if known) :

6.05 If applicable, name of the hospital attended

6.06 Consequences of the injuries

- Death of the insured
- The insured did not interrupt attending the establishment or activity
- The insured left establishment or activity on the

at : m

The insured :

- resumed attending the establishment or activity on day / month / year
- did not resume attending the establishment or activity

7. SIGNATORY

7.01 First and last name

7.02 Function of signatory

7.03 Telephone number

7.04 By checking this box, I wish to express my doubts regarding the truth of the facts. I am required to attach a detailed statement of doubt.

7.05 Place and date

, the day / month / year

Please fill out all the sections before sending this form **by computer** or if it is filled by hand with **black ink in capital letters**.

7.06 Signature of the employer or his representative

Any incomplete form will be returned !

The declaration must be sent to **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