

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).

By submitting the accident declaration, you are informed that personal data will be processed as part of your declaration. You agree to inform the victim of the processing of his/her personal data by AAA in order to assess the accident declaration. For more information, please consult the "Data Protection Policy" (page 3).

1. General instructions

a) Under which circumstances should an accident be declared?

	For each occupational or commuting accident (even
	in the case of minor accidents without work
	incapacity and accidents not involving any physical
	injury but material damage to vehicles only).
b) How should an accident be declared?	
b) now should an accident be declared?	Accidents must be declared in writing to the accident
	insurance association using the prescribed form,
	downloadable on the website <u>www.aaa.lu</u> under the
	section "Documentation / Formulaires ".
	Socier Boomentation, Formalance .
	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
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c) Who is required to make the declaration?	to the National Health Care Institution (CNS).
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For additional information, please contact the department « Prestations » by e-mail at the address « prestations.aaa@secu.lu ».

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 <u>Location or workplace</u>, 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 <u>Activity at the time of accident</u>, 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.
- 3.07 <u>Objects involved in the accident</u>, e.g.: industrial machines (presses, drills, saws, etc.), hand tools (hammers, screwdrivers, etc.), transport vehicles (forklifts, trucks, etc.), ladders, work platforms, moving objects (loads, pallets, materials, etc.), hazardous substances (chemicals, vapors, gases), building parts (ceilings, walls, stairs), electrical installations, slippery or unstable surfaces, etc.
- 3.08 <u>Events deviating from the normal workflow</u>, 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 <u>www.aaa.lu</u> under the section "Documentation / Formulaires".
- 5.02 These indications are only informative and the Accident Insurance Association will, if necessary, request a detailed medical report.

6. SIGNATORY (EMPLOYER OR REPRESENTATIVE)

- 6.04 This box must be checked in case of doubts regarding the truth of the facts. A statement of doubt must then be attached to the accident declaration!
- 6.06 The accident declaration must be signed by the employer or his representative.

3. Data Protection Policy (online version)

Personal data collected in the accident declaration form will be processed by the Association d'assurance accident (hereinafter referred to as "AAA"), as data controller, in order to handle the declaration efficiently.

The categories of data collected and processed may be summarized as follows:

- Declarant or signatory:
 - o Simple identification data such as surname, first name, address and telephone number
 - Occupational data, such as profession and place of work
- Legal representative of the insured (if applicable):
 - o Simple identification data such as surname, first name, address and social security number
- Eyewitnesses, if any:
- Simple identification data such as surname, first name and address
- First person notified:
 - o Simple identification data such as surname, first name and address
 - Occupational data, such as profession, position and place of work
- Insured Person:
 - o Simple identification data such as surname, first name, address and social security number
 - o Occupational data, such as profession, working hours, type of contract (temporary worker) and place of work
 - o Data related to the accident such as the place and circumstances of the accident
 - Health-related data, such as nature of the injury and location of the injury

As well as any other data required to process the request.

The purpose of the collection is to process the accident declaration in accordance with our legal obligations under Article 96 of the Social Security Legislation.

The personal data processed by AAA is accessible only to those employees who need this information in order to fulfill their duties. In certain limited and detailed cases, personal data may be shared with AAA's authorized service providers and authorities legally entitled to obtain such data (e.g. other social security institutions, the Labor Inspection, the Social Security Medical Inspectorate).

AAA takes all appropriate technical and organizational measures to protect the security of the above-mentioned personal data.

Except in duly justified cases, personal data is processed within the European Union and is not transferred to third countries.

AAA keeps the collected information as long as necessary to achieve the purpose of the processing.

Subject to certain formalities and conditions, you may exercise the following rights:

- Right of access: you have the right to ask for information about the data processed by AAA and to obtain a copy.
- Right to rectification: you may request that your personal data be amended or supplemented if it is inaccurate.
- Right to deletion: you have the right to request the deletion of your personal data.
- Right to object: you may object to the processing of your personal data for reasons relating to a particular situation.
- Right to portability: you may retrieve the data you have provided to AAA, in a structured, commonly used and machinereadable format.

Please note that personal data provided in the declaration form are mandatory to allow us to process the declaration. If you object to certain processing of your personal data or request their deletion, AAA may nevertheless retain and use your personal data to the extent necessary to comply with, for example, legal obligations or the defense of claims.

You also have the right to fill a complaint with the "Commission Nationale pour la Protection des Données" - CNPD, located at 15, Boulevard du Jazz, L-4370 Esch-sur-Alzette - <u>www.cnpd.public.lu</u>.

To exercise your rights described above and/or address any questions you may have concerning the processing of your data, you can contact the Data Protection Officer: <u>dpo.aaa@secu.lu</u> or at the following address: Association d'assurance accident, 4 rue Mercier, L-2144 Luxembourg.