

Notification of accident

Other than accidents at sea



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113 Reykjavík
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1. Name		2. ID No.
3. Address	4. Post code	5. City/Town
6. Home/Mobile/Work phone	7. E-mail address	8. Title
9. Name of spouse / closest relative or parent if the injured is younger than 18		10. ID No.

Accident circumstances

11. The accident occurred a) <input type="checkbox"/> During work b) <input type="checkbox"/> During vocational studies c) <input type="checkbox"/> During sports activities d) <input type="checkbox"/> During rescue work e) <input type="checkbox"/> During housework according to the tax return insurance	
12. For cross box a) in Item 11, the name of the company/employer and address	13. ID No.
14. For cross boxes b)–d) in Item 11, the name of the school, sports association or rescue team	15. ID No.

16. When did the accident occur (day, month, year, time)?	17. The accident occurred <input type="checkbox"/> During working hours <input type="checkbox"/> Outside working hours / during leisure time
18. Location of accident <input type="checkbox"/> At the workplace, where? <input type="checkbox"/> During travel directly to/from work, where? <input type="checkbox"/> Elsewhere while working on behalf of the company, where and what work?	
19. Detailed description of events leading up to the accident, its cause and how it relates to work	20. Accidents during housework: what housework does the accident relate to?

Fatality

21. Date and time of death	22. Name and address of closest relative
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Witnesses

23. Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Names and telephone nos. of witnesses
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Information on inability to work, treatment and other accidents

25. Did the injured cease work immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. If no, when?	27. When was the assistance of a physician first sought?
28. From what treatment entities (physicians, physical therapists, etc.) has the injured been receiving treatment due to the consequences of the accident?		
29. Has the injured previously suffered an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. If so, what accident and when?	
31. Had he/she fully recovered from that accident?		

Necessary attachments

<input type="checkbox"/> Medical certificate on the accident (injury certificate) from the physician or health centre / hospital from which the injured first sought assistance and from the treating physician if appropriate <input type="checkbox"/> Report of the Administration of Occupational Safety and Health if called <input type="checkbox"/> Certificate from the district commissioner in the event of a fatality <input type="checkbox"/> Police report in the event of a traffic accident
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Note that the application will not be processed until after medical certificates have been delivered.

32. How long had the injured worked for the employer, and for what length of time was he/she recruited?		
33. Does the injured receive wages while unable to work? If so, how much and to what date?		
34. Is there any information that the injured enjoys any other compensation according to social insurance legislation?		
35. Children of the injured aged under 18, names	36. ID No.	37. Domicile

38. Other related documents <input type="checkbox"/> Receipts/invoices for paid-out medical costs <input type="checkbox"/> Paid to employer <input type="checkbox"/> Paid to injured party
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By attaching his/her signature, the applicant permits Sjúkratryggingar Íslands to obtain the necessary information from the tax authorities and necessary medical information.

39. Place and date	Signature of the injured party
40. Deposited into the banking account of the injured Bank Acc. type. Account No.	

41. Place and date	Signature and stamp of employer*	
42. Deposited into the banking account of the employer		
Bank	Acc. type.	Account No.

*The following are to sign the notification of the accident, as provided for in Item 11:

a) employer, b) head of the school in the event of an accident in vocational studies, c) trainer in the event of an accident during sporting activities, d) leader of the rescue team in the event of an accident during rescue work, e) the injured in the event of an accident during housework.

All accidents for which compensation must be paid must be notified immediately and within one year from the date of the accident at the latest. The one-year deadline, however, may be waived according to Regulation No. 356/2005 on the notification deadline for accidents.