Traffic Accident Claim Form

Vátryggingafélag Íslands hf
Ármúla 3, 108 Reykjavík, 560 5000
kt. 690689-2009, www.vis.is

Name of the injured party ______________________ ID No. ____________

When did the accident occur? Day ______ Month ______ Year ______ Time ____________

Where did the accident occur? ☐ During leisure time ☐ During working hours ☐ Travelling directly to/from work

Location of accident ______________________________

Vehicle registration no. ____________ Phone ____________ Email ____________

Were the police called to the scene? ☐ Yes ☐ No Were there witnesses to the accident? ☐ Yes ☐ No

If so, specify name(s) and ID No/s. ______________________________

____

Where did the injured party receive medical assistance? ______________________________

Name of physician / treatment centre in Iceland ______________________________

Description of injury/illness. ______________________________

____

Was the injured party healthy and fit for work prior to the accident? ☐ Yes ☐ No

If no, what illness/injury was involved? ______________________________

____

Has the injured party been in an accident before? ☐ Yes ☐ No

Has the injured previously been assessed for disability? ☐ Yes ☐ No

If yes, specify injury/disease, who performed the assessment and the disability in %. ____________

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Which physicians have treated the injured party before and after the accident? Specify name/s of the treating physician/s.

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____

If my claim is approved, I request that compensation be deposited into my bank account No.

________ / ____ / ______________ ID no. ______________

VIS Insurance Ltd is under legal obligation to deduct withholding tax from per diem payments paid and return to the Treasury.
Therefore, the claimant must return the tax card to VIS Insurance Ltd in order to use the personal tax allowance.

I hereby declare that I have answered all questions truthfully and according to the best of my knowledge.
I have not withheld any information that might be of importance to VÍS in connection with determining and assessing the liability for compensation as regards the above event.

______________________________ ______________________________

Date and place Signature

09.2012

Informed consent

To be complete by claimant

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Date of loss, damage or injury ______________________________

Informed consent

I authorise VÍS, ID no. 690689-2009 to gather information and supporting documentation from physicians, hospitals, healthcare centres and other medical treatment institutions/treatment entities about my current health as well as information about previous/more recent illnesses and accidents that are important for the assessment of the liability to pay and the indemnification claim.

Furthermore, I authorise VÍS to gather any necessary information and supporting evidence about income/payments and entitlements from Tryggingastofnun Ríkisins (The State Social Security Institute), pension funds, unions, employers and tax authorities as necessary for determining the amount of the compensation claim. Likewise, I authorise VÍS to submit inquiries to my former/present employer about any period(s) of inability to work that may be attributed to the above event.

VÍS may also obtain reports and statements from the Administrator of Occupational Safety and Health concerning the accident for which this claim form is being filed. Finally, VÍS may gather any necessary information and supporting evidence about earlier claims for other insurance companies as may be necessary for determining liability to pay compensation and the amount of the compensation claim with respect to the above occurrence.

All information will be treated as confidential. The above statement entails an approval to process personal data pursuant to Act No. 77/2000. This approval may be revoked at any time by written notice to VÍS.

______________________________	______________________________
Date and place	Signature and ID. no of claimant
______________________________	______________________________
Signature and ID. no of witness 1	Signature and ID. no of witness 2

09.2012