

Send this form to: Arbejdsmarkedets Erhvervssikring, Kongens Vænge 8, DK-3400 Hillerød
or to employers insurance company

Accident at Work Claim Form

with a view to claiming compensation under the Workers' Compensation Act

Information about the injured person:

First name

Surname

Personal ID ("CPR") number

Address

Postal code

Municipality

Date of accident

Position/type of job on the date of the accident

Date when the injured person was employed in the business

Expected incapacity for work in days

If there is no CPR number, please state:

Gender

Age

Nationality

Is the injured person:

1. Wage-earner
2. Self-employed in a Danish limited liability company (A/S or ApS)
3. Other type of self-employed
4. Under education
5. Assisting spouse
6. Other

The injured person's employer on the date of the accident:

Employer's name

CVR number/P-number

Trade

Address

Postal code

Insurance company where the employer has taken out statutory industrial injuries insurance, as well as policy number

Description of the accident, including sequence of events and where the injury occurred:

Describe in as much detail as possible how the injury occurred

Information about the injury and its effects:

Describe in as much detail as possible the injury, including the injured part and side of the body

Example: Bone fracture left forearm or sprained right ankle

Information about the person reporting the accident:

Signature

1. Injured person

2. Doctor/dentist

3. Employer

4. Other

Date Signature

Name, address or CVR number of the person reporting the accident, where not already stated

Application for dispensation for employers who do not report digitally

Fill in **only** if the **employer** reports the accident

I hereby apply for dispensation from the obligation to report digitally an industrial injury because:

- a) My business has no computer or internet access (Mark with an X)
b) My business does not have a CVR number (Mark with an X)

Solemn Declaration

I, the undersigned employer hereby declare that I do not have computer or internet access or that my business does not have a CVR number:

Place

Date

Signature

Employer's name and any CVR number

Digital reporting via EASY on www.aes.dk

The employer is under an obligation to report digitally an industrial injury. Dispensation from this obligation can only be granted on application. Exemption from the obligation to report digitally can only be given if the employer has no computer or internet access or has no Danish CVR number.