

Please complete this form for any accident and return it to UNSMIS.

Thank you.

DECLARATION OF ACCIDENT FORM
(Kindly fill the form with all the requested details)

SERVICE INCURRED *THIRD-PARTY LIABILITY OTHER **Name:** _____ **Ins. No.:** _____ **Tel. no.:** _____

Date of incident/accident: __/__/____ Place of incident/accident: _____

Time of incident/accident: ___hrs___min. *Witnesses (if any): _____

*Name of 3rd Party: _____ Tel. no: _____*Name of the insurance of the 3rd party: _____*Has a Police Report been established: Yes No By whom ? _____Are you entitled to reimbursement from any other insurance (school, sport club, snow insurance, etc) ? : Yes No

If yes, name of the insurance _____

Circumstances of the incident/accident (*Please note, if the description is not sufficiently detailed, the medical claim could be returned to the member*):

I certify that the above information is correct.

Name: _____**Signature:** _____ **Date:** _____

Form to return to UNSMIS.

Contactez UNSMIS au / Contact UNSMIS at :
Centre d'assistance à la clientèle / Client Support Centre
Palais des Nations, bureau S-035 / office S-035
Courriel / Email : unsmis@un.org
Téléphone : 022-917 99 99
Ouvert du Lundi au Vendredi de 10h à 16h
Open Monday to Friday from 10am to 4pm