„ДЗИ –Животозастраховане“ ЕАД
Република България
София 1463, бул. „Витоша“ №89Б
e-mail: clients@dzi.bg
Денонощен контактен център 0700 16 166

www.dzi.bg
Обр. ЛЗ - 51

I N F O R M A T I O N

ABOUT OCCURRED ACCIDENT

Name:..... PID:.....
(injured person)
Address: city ..... street .....
Phone.: ..... E-mail: .....
Employer:.....Occupation: .....

1. When did the accident happen? ....
(day) (month) (year) (time)
2. Where did the accident happen?.....
.....
3. How did the accident happen? (Please provide detailed description of circumstances and reasons)
.....
.....
.....
.....
.....
4. What are the injuries from the accident?.....
.....
.....
.....
5. Was the accident caused by a disease? .....
6. Did the injured person use alcohol or drugs?.....
7. When, where and from whom first medical care was given?.....
.....
.....
8. When, where and from whom treatment was performed?
.....
.....
9. Were there any witnesses of the accident? (Please, specify their names and addresses)
.....
.....
.....
10. Has the injured person been injured by previous accidents? What?.....
.....
I declare that the data given by me are correct.
Date: Signature:

„ДЗИ –Животозастраховане“ ЕАД
Република България
София 1463, бул. „Витоша“ №89Б
e-mail: clients@dzi.bg
Денонощен контактен център 0700 16 166

www.dzi.bg
Обр. ЛЗ - 51

INFORMATION

ABOUT FIRST MEDICAL CARE GIVEN

Name: .....
(injured person)

Was given first medical care at date: .....
Ambulatory list N: .....
In medical center: .....
By doctor: .....

The following injuries have been identified by the accident:.....
.....
.....
.....

Date:..... Signature of doctor:

Sign of doctor

INFORMATION

ABOUT PERFORMED TREATMENT

The treatment was performed in Medical center: .....
Diagnosis:.....
.....
Period of treatment: from ..... until .....
(date) (date)
Ambulatory list N ...../ .....
(date)
Epicrisis N ...../ .....
(date)

Date: ..... Signature of doctor:

Sign of doctor