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Report of Automobile Accident

Management Directive [05-041](#)
Period of Illness - Administrative staff

To be completed by the employee who has been injured, and sent to the office of the Head of the Division for Human Resources.

1. Details of injured employee

First name	Last Name	ID Number
Position	Unit	Car License Number
Email Address		
Home Address		

2. Incident Details

Date of accident	Time of accident	Location of accident
Details of insurance company for the compulsory insurance for the vehicle in / by which the worker was injured	Policy Number	Police confirmation of the accident, if any, should be attached to this form

Description of the accident:

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The period of absence from work as a result of the accident: From (date) _____ until (date) _____	Date	Employee Signature
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