



Identification of the Accident					
25. Date, time and location of the Accident:			<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">(From 00.00 to 24.00)</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">h</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">m</div> </div>		
26. Date and time when the victim stopped work as a result of the accident:			<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">(From 00.00 to 24.00)</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">h</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">m</div> </div>		
27. If the accident occurred outside the establishment, indicate:			<input type="checkbox"/> Working away from the workplace <input type="checkbox"/> On the journey Home – Work – Home		
Place of Accident (if away from the workplace):		District:		Property (for Agricultural Insurance):	
28. Are there witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:					
Name:			Telephone:		
Name:			Telephone:		
29. Who gave First Aid?			City/Town:		
30. Was the victim hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No			31. Name of Hospital (in case of hospitalisation):		
32. Total No. of Victims		33. Traffic Accident		34. Two-wheeled vehicle:	
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. If the Accident was the fault of a Third Party, give details (Insurer, Policy and Number plate if a traffic Accident)					
Name:			Insurer:		
Address:			City/Town:		
Post Code:		No. of Third Party's Policy:		Number plate:	
35.1 If any Authority intervened, give details:					
Name:			Telephone		
Name:			Telephone		
Type of Work and Work Environment:					
36. What type of work was the victim doing when the accident occurred?					
					Type of Work
37. Where was the victim when the accident occurred?					
					Work Environment
Circumstances of the Accident:					
38. Describe the accident in detail, mentioning specifically the events which gave rise to the injury. Mention the substances, equipment and tools which the victim was using.					
38.1. Victim's Activity		38. 2 Item associated with Activity			
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
38.3 Preventive Action		38.4 Item associate with Preventive Action			
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
39. Indicate the object which was the immediate cause of the injury and/or the accident:					
39.1 Action leading to the injury		39.2 Agent of the injury			
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
40. Describe the work which the victim was executing at the moment of the accident:					
41. State whether this action is executed <input type="checkbox"/> Habitually <input type="checkbox"/> Occasionally <input type="checkbox"/> Other					
42. Indicate the exact number of hours worked at the moment of the accident:			Uninterrupted (without a break)		Total
			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<b>Details of Injury</b>					
43. Nature of injury					
<input type="checkbox"/> Contusion, Wound	<input type="checkbox"/> Internal contusions and lesions	<input type="checkbox"/> Open wound	<input type="checkbox"/> Amputation	<input type="checkbox"/> Exposed fracture	
<input type="checkbox"/> Closed fracture	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Sprains, Torn Ligaments	<input type="checkbox"/> Asphyxia, Inhalation of Gases, Suffocation		
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Cold or Heat burns	<input type="checkbox"/> Chemical burns	<input type="checkbox"/> Radiation	<input type="checkbox"/> Electric shock	
<input type="checkbox"/> Undiagnosed injury	<input type="checkbox"/> Other condition not mentioned above, e.g. shock, sunstroke, cardiac arrest, etc. ...				<input type="checkbox"/> Unknown
44. Body parts affected		<input type="checkbox"/> Head, excluding Eyes	<input type="checkbox"/> Eyes	<input type="checkbox"/> Neck	<input type="checkbox"/> Sides, Spine
<input type="checkbox"/> Thorax	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder, Arm, Elbow	<input type="checkbox"/> Forearm, Wrist	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers
<input type="checkbox"/> Hip-joint, Thigh, Kneecap	<input type="checkbox"/> Knee, Lower leg, Ankle			<input type="checkbox"/> Foot	<input type="checkbox"/> Toes
<input type="checkbox"/> Multiple injuries	<input type="checkbox"/> Other				
45. Sick leave: <input type="checkbox"/> None/less than 1 day <input type="checkbox"/> 1 to 3 days <input type="checkbox"/> 4 to 14 days <input type="checkbox"/> More than 14 days <input type="checkbox"/> Permanent total disability <input type="checkbox"/> Death					
Name and Signature of Insured or Legal Representative		Name of person responsible for filling in the information on behalf of the Insured or Employer Entity			Date
					<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

## How to fill out this form

A Work Accident is an accident which occurs in the workplace during working hours and directly or indirectly produces a bodily injury, functional disturbance or illness resulting in death or a reduction in the employee's ability to work or earn.

Accidents occurring in the following circumstances are also considered to be Work Accidents:

- Occurring outside the workplace or working hours when shown to be in the execution of services determined or agreed to by the employer;
- Occurring in the execution of services provided spontaneously which may result in an economic gain for the employer;

A travel accident is an accident occurring on the employee's journey to or from work which produces death or a bodily injury, functional disturbance or illness resulting in death or a reduction in the employee's ability to work or earn.

### IDENTIFICATION OF THE INSURED OR EMPLOYER ENTITY

REGISTERED No. OF THE LEGAL PERSON (Field 4)

For entities which do not have a registered number as a legal person or equivalent entity, fill in the taxpayer number of a natural person.

### PERSONS EMPLOYED BY THE EMPLOYER ENTITY

(companies or equivalent) (Field 5)

Consider all the people who, during the month of the accident, did any remunerated work – of at least one hour – for the company, regardless of the type of employment. You must therefore include shareholder managers, helpers and family members who were working at that date and received remuneration for their work. In the case of units covered by agricultural insurance, unremunerated family members must also be included.

If the employer entity uses workers ceded temporarily by another employer, they should not be included.

Include people who were temporarily absent, on holiday, maternity leave, labour dispute, professional training, and those absent due to sickness or a work accident for a period of less than one month.

Also include workers from other companies who are working for the employer entity and remunerated directly by the same.

Exclude workers doing military service, on indefinite leave, carrying out public functions (e.g. councillors, members of parliament), absent due to sickness or a work accident for a period of more than one month, and workers employed by the establishment who are attached to other companies which remunerate them directly.

### ESTABLISHMENT (Field 6)

Is a company or part of a company (factory, office, mine, store, shop, warehouse, etc.) situated in a location identified by its address. At that location, or from it, economic activities are carried out for which, as a general rule, one or more people work for the account of the same company.

### PRINCIPAL ACTIVITY (Field 7)

The principal activity is understood to be the most important, measured by the sales value of products sold or manufactured or services provided. If it cannot be determined by this criterion, the principal activity is considered to be that which occupies the greatest number of people on a permanent basis.

### IDENTIFICATION OF THE VICTIM – PROFESSIONAL STATUS (Field 19) – EMPLOYED WORKER (Field 19.1)

An individual who carries on an activity under the authority and direction of another party, under the terms of a contract of employment, whether written or not, which gives him/her a right to a remuneration independently of the results of the economic unit for which he/she works.

For the purposes of filling in this Accident Report form, this situation does not include workers in practice, apprentices and work experience employees treated separately in Points 19.4 and 19.5

### INDEPENDENT WORKER OR EMPLOYER (Field 19.2)

A worker who runs his/her own company or carries on a trade or Occupation independently, whether or not he/she employs other people.

The independent worker is considered to be an "employer" if he/she habitually employs one or more remunerated workers, or as "isolated" if he/she has no employed workers, whether or not he/she works with the help of family members.

### UNREMUNERATED FAMILY MEMBERS (Field 19.3)

An individual who carries on an independent activity in a company run by a family member, without being a partner or bound by a contract of employment.

### WORK EXPERIENCE EMPLOYEE (Field 19.4)

Employed worker with theoretical education, undergoing professional training for the functions of the Occupation which he/she intends to exercise.

### WORKER IN PRACTICE/APPRENTICE (Field 19.5)

A worker who, under the guidance of specialist workers, is acquiring technical-professional knowledge which will allow him/her to carry out a specific function (in administration, production, etc.).

### TYPE OF WORKING HOURS OF THE VICTIM AT THE TIME OF THE ACCIDENT (Field 20)

Normal working hours (Field 20.1)

The working hours set by Law or by a Collective Regulatory Instrument or by the establishment's rules or practices, being the period outside which overtime pay applies.

In a shift (Field 20.2 and 20.3)

Working hours in which the work is done by successive teams, allowing longer working hours than normal in the establishment.

Fixed Shift – shift work in which the teams always work at the same period of day or night.

Rotating Shift – shift work in which the teams work alternating periods.

### OCCUPATION (Field 21)

Indicate in as much detail as possible the Victim's Occupation, whenever possible with the current National Professional Classification.

Do not write only "apprentice", "machine operator". Specify, for example "apprentice car mechanic", "metal-polishing machine operator". Never just "operator".

### SALARIES (Field 22)

Basic Salary

The values declared to Social Security must be stated.

Gross amount (before deduction of any discounts) of pecuniary payments or payments in kind corresponding to normal working hours.

Include remuneration for hours not worked.

Do not include any bonuses, allowances, seniority payments or gratuities in the basic salary. Indicate the basic salary for the frequency given.

## How to fill out this form (cont.)

### TYPE OF WORK (Field 36)

#### Examples

A worker preparing an animal for butchering injures himself on the hook for hanging up the carcass.

Type of work – work in a slaughterhouse.

The victim injured himself operating a maize de-graining machine.

Type of work – harvest work.

### CIRCUMSTANCES OF THE ACCIDENT

In this part of the questionnaire always reply in as much detail as possible, even if that means repeating information.

### FIELD 38

The detailed description of the accident must contain the answers to the following questions.

- What was the victim doing at the moment of the accident and what tool or machinery was he/she using?
- What went wrong at the moment of the accident and what tools and machinery were involved?
- How was the victim hurt?

Examples of answers which illustrate the content needed in the answers to 38:

Ex. 1. The worker was working with a mechanical drill. The drill broke and came loose, injuring the victim in the hand.

Ex. 2. A pressurised boiler in a factory exploded and the operator was injured by a collapsing wall.

### FIELD 39

"Object" is to be understood as material components used in work (substances, tools, machinery, equipment or other agents which injure the victim).

In the two examples above for question 38, the answer in field 39 will be:

No ex. 1. the drill

No ex. 2. the wall or bricks

### FIELDS 40 OR 41

When the accident occurred, was the Victim:

- Executing a normal task? (Describe it)
- Executing an occasional task? (Describe it)
- Not executing a task? e.g. going from one place to another.

Describe the situation.

### FIELD 42

In 1. indicate the total number of hours worked since the last break (meal break or break established by Law, Work Regulatory Instrument or Rules of the establishment).

In 2. indicate the total number of hours worked in the day, whether or not with a break, up to the moment of the accident.

### DETAILS OF INJURY

### FIELD 43

NATURE OF INJURY – Use the following classification:

Contusion, wound / internal contusions and wounds / open wound / amputation / exposed fracture / closed fracture / dislocation / sprains, torn ligaments / asphyxia, inhalation of gases, suffocation / poisoning / cold or heat burns / chemical burns / radiation / electric shock / undiagnosed injury / other condition not mentioned above, e.g. shock, sunstroke, cardiac arrest, etc. / unknown

### FIELD 44

BODY PARTS AFFECTED – Use the following classification:

Head, excluding eyes / eyes / neck / sides, spine / thorax / abdomen / shoulder, arm, elbow / forearm, wrist / hand / fingers / hip joint, thigh, kneecap / knee, lower leg, ankle/ foot / toes / multiple injuries / other.

**Accident Hot-Line: 210 042 490 (Personalized customer service  
available all business days from 8:30 a.m. to 7:00 p.m. Cost of a call to  
the national fixed network)**

Submit the completed/signed Accident Report Form by one of the following means:

Preferably: **Deliver to a Millenniumbcp Branch**

E-mail: [sinistros.acidentes.trabalho@ocidental.pt](mailto:sinistros.acidentes.trabalho@ocidental.pt)

Address: **Apartado 15009 1074-003 Lisbon, Portugal**

**The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.**

**Insurance Intermediary:** Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 3.000.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: [www.asf.com.pt](http://www.asf.com.pt). The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

**OCIDENTAL**  
grupo ageas

**Insurer:** Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, [www.asf.com.pt](http://www.asf.com.pt)