



INJURY COMPLAINT FORM
STUDENTS INSURANCE POLICY
POLYTECHNIC UNIVERSITY OF MARCHE

INJURED PERSON – PERSONAL DATA

SURNAME _____ NAME _____
PLACE OF BIRTH _____ PROV. _____ DATE OF BIRTH _____
CITIZENSHIP _____ FISCAL CODE _____
PHONE NUMBER _____
ENROLLED IN THE STUDY COURSE IN _____
MATRICULATION NUMBER _____
DIDACTIC CENTER _____

RESIDENTIAL ADDRESS

ADDRESS _____ NUM. _____
POSTAL CODE _____ CITY _____ PROV. _____

DOMICILE ADDRESS (if different from the residential address)

ADDRESS _____ NUM. _____
POSTAL CODE _____ CITY _____ PROV. _____

I personally authorize, for a better management of the accident procedure and according to the
Legislative Decree. 196/2003, to send me any communication to the following e-mail address:

DESCRIPTION OF THE INJURY:

The undersigned, aware of the criminal sanctions provided by the art. 76 of Presidential Decree
445/2000, in the cases of falsity in documents and false declarations, hereby



DECLARES

under his/her own responsibility that the accident occurred as reported below:

The accident occurred:

☐ on the way ☐ during:

Internship ☐ Laboratory ☐ Didactics ☐ Other: _____

The student accepts ☐ does not accept ☐ the Emergency Department examination.

FILL IN IN CASE OF DISABILITY DUE TO THE ACCIDENT (prognosis >0 days)

Date of the accident: ____/____/____ Hour of the accident: _____

Hour of work (1st, 2nd, etc.): _____

Did you leave the workplace? YES ☐ NO ☐

Place of the accident (with the indication of the address, also in the case of accident on the way):

ATTACHED DOCUMENTATION:

- ☐ INAL (National Institute for Insurance against Accidents at Work) medical certification of accident - **copy for the Employer** (released by the Emergency Department);



- ☐ Emergency Department report (released by the Emergency Department);
- ☐ Privacy Policy - AON;
- ☐ Declaration of the Responsible Teacher/ Facility Manager;
- ☐ Other

The undersigned, having read the information provided and pursuant to art. 13 of the EU Regulation 2016/679 published in the privacy section of the institutional website (reachable by selecting the concerned thematic area) of this University at the link [https://www.univpm.it/Entra/Privacy/Informative sul trattamento dei dati personali](https://www.univpm.it/Entra/Privacy/Informative_sul_trattamento_dei_dati_personali) gives consent to the processing of his/her own personal data, including particular ones.

Date _____ Signature of the injured person _____

=====

Internship Guide/The Teacher	
(erase the one not relevant)	_____
	Name and Surname
Received date _____	_____
	(signature)

The Tutor	

	Name and Surname
Received date _____	_____
	(signature)

The PTA Director	

	Name and Surname
Received date _____	_____
	(signature)