Accident Report

In order to submit a valid accident report to Försäkringskassan and Arbetsmiljöverket, the below information is required.

Name:

Personal number:

Date of accident:

Workplace address:

Your profession:

Where, when and how did the accident occur?

Has the accident led to leave of absence (number of days, including dates)?

What was the reason for the accident?

Describe the injury:

What preventative measures have been taken?