

武田薬品健康保健組合理事長 殿

To: Chairman of the Board, Takeda Health Insurance Society

記入例
Example of completed
form

自 損 事 故 届
Notice of Accident Due to Own Negligence

年 月 日
Date (Y/M/D): ○○ / ○○ / ○○

被保険者記号 番号 Health insurance card code/no.	123 — 4567	被保険者名 Name of insured person	Taro Kempo	社内電話 Ext.	999-9999
		事業所名 Employer name	____ Office, _____ Pharmaceutical Company Limited		
被保険者住所 Address of insured person	〒000-0000 1-1 ____-cho, ____-ku, ____			TEL	999 (9999) 9999
事故当事者 Person involved in accident	被保険者 ・ 被扶養者 Insured person/Dependent(s)				
被扶養者名 Dependent name	Ichiro Kempo	生年月日 : 年 月 日生 Date of birth (Y/M/D):	○○ / ○○ / ○○	続柄/Relationship:	Eldest son
事故発生の状況 /Circumstances of accident					
事故発生日月日 : Date of accident (Y/M/D):	年 月 日 () 時 分頃 ○○ / ○○ / ○○ (Sun day), roughly 10 : 30 (AM)PM				
事故発生場所 : Location of accident:	On sidewalk near ____ intersection, ____-ku, ____				
傷病名 部位 : Name of and area of the body affected by sickness/injury:	External injuries to the head, acute subdural hematoma				
治療完了見込 : Projected date of completion of treatment: approx.	年 月 頃 ・ 未定 (Y)/ (M)/TBD				
事故の原因 (詳細に) : Cause of accident (in detail):	While riding my bicycle to ____ station to meet a friend, my bicycle fell over as I went over the curb onto the sidewalk. As a result, I was injured.				
	事故の発生した状況を詳しく記入 Describe the circumstances of the accident in detail.				
現在のけがの具合 : Current injury status:	Although external injuries to my head have healed completely, I am being checked periodically to monitor the situation.				
事故現場の状況 (見取図) Circumstances of scene of accident (detailed descriptions)					
詳しい見取図を記入してください。 Draw detailed descriptions of the scene of the accident.					