

REQUEST FOR THE REOPENING OF A FILE RELATING TO AN ACCIDENT
 (Article 73 of the Staff Regulations – Article 21 of the Common rules on the insurance of officials against the risk of accident and of occupational disease)

FILE REFERENCES	MEMBER'S CONTACT DETAILS
Name:	Address for correspondence:
Personnel No.:
Date of accident:	Contact telephone number:
File No.:	E-mail:

REASON(S) FOR THE REQUEST

Reassessment of the rate of PPI (partial permanent invalidity)

Payment of medical expenses

Other:

Please give detailed reason(s) for your request:

.....

.....

.....

Signature:

Date:

TO BE COMPLETED BY YOUR DOCTOR

The patient's current complaints are, in my opinion, associated with the accident in question

The PPI should be reassessed

Date on which the patient's condition began to deteriorate:

The following treatment has been prescribed:

Remarks:

I enclose:

Signature and stamp:

Name and address of doctor:.....

Date:

PLEASE SEND THIS FORM (completed and signed by the member and the member's doctor) preferably electronically through the "contact us" button available on the website's accident page <https://myintracomm.ec.europa.eu/staff/EN/health/specific-events/Pages/accident.aspx>. A copy is sufficient, it is not necessary to send us the original by post. If you prefer the paper way, please send it to the following address: Health and Accident Insurance Unit - Accident Sector B-1049 Brussels.

The accident data will be processed in accordance with Regulation (EU) 2018/1725 <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32018R1725>

TO BE COMPLETED BY THE ADMINISTRATION

Situation at the time of closure of the file:

In the case of administrative closure, (approximate) date of closure:

In the case of medical closure (= following assessment by the doctor appointed by the appointing authority):

- date of consolidation: - rate of PPI awarded: %

SUB file