PREKLIC PRIJAVE NEZGODE IN POŠKODBE PRI DELU ŠT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. PODATKI O OSEBI, KI PREKLICUJE PRIJAVO

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| --- | --- | --- | --- |
| 1. | IME IN PRIIMEK: | | |
| 1a. | DELODAJALEC PRIJAVITELJA: | | |
| 2. | DELOVNO MESTO: | | |
| 3. | TELEFON: | 4. | NASLOV E-POŠTE |

II. PODATKI O DELODAJALCU

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | EMŠO DELODAJALCA | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 6. | NAZIV DELODAJALCA: | |
| 7. | SEDEŽ/NASLOV DELODAJALCA (ulica, hišna številka, poštna številka, kraj): | |

III. PODATKI O NEZGODI

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. | DATUM NEZGODE (dan, mesec, leto): | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |

IV. PODATKI O POŠKODOVANCU

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9. | EMŠO: | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 10. | IME IN PRIIMEK POŠKODOVANCA: | |

V. RAZLOG PREKLICA (obkrožite ustrezen razlog, pri razlogu pod zaporedno številko 2 je potrebno obvezno vpisati obrazložitev)

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| --- | --- |
| 1. naveden je napačen zavarovanec/poškodovanec  2. ugotovitev, da ni šlo za nezgodo oziroma poškodbo pri delu pri tem delodajalcu  Obrazložitev:   |  | | --- | |  |     3. napačni podatki o zavarovancu/poškodovancu, delodajalcu, nezgodi,  4. preklic samo na IRSD zaradi ugotovitve, da ni šlo za nezgodo, zaradi katere bi bil delavec nezmožen za delo  več kot tri delovne dni (41. člen ZVZD-1). |

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| PODPIS DELODAJALCA: |

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| DATUM ZAHTEVE ZA PREKLIC:: |