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

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| 5. | EMŠO DELODAJALCA |

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| 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): |

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IV. PODATKI O POŠKODOVANCU

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| 9. | EMŠO:  |

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|  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:

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 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:: |