

Group Accident insurance

Statement of accident

Policy 719.757.143

Victim

Name and first name

Address

Date of birth (d - m - y)

Sex M F

Email

Telephone no.

Bank (1)

Account no. (1)

IBAN no. (2)

BIC code (2)

(1) Obligatory (2) Obligatory, except for Belgium

Accident

Date

Hour

Place

Detailed description of the circumstances

Health insurance

 EU JSIS Other

Name

Affiliation no.

Address

Third party involved in the accident (if applicable)

Name and first name

Address

Insurance company

Policy number

Reporting police office

Police report number

Number of attachments

 Medical certificate Invoices and fees Others

Drawn up at

On the

Signature

In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life).

Group Accident insurance

Medical certificate

Policy 719.757.143

TO BE COMPLETED BY THE TREATING DOCTOR

Victim

Name and first name

Address

Date of birth (d - m - y)

Sex M F

Date of the accident

Date of first aid

Stated injuries

Presumed consequences

Recovery and presumed date

Permanent disability of +/- % (according to European scale)

Consisting of

Treatment

Radiography is necessary useful executed

Hospitalisation is imperative Yes No

The preexisting diseases or disabilities that have aggravated the consequences of the accident are

The intervention of a specialist seems to be necessary not necessary

Remarks

Treating doctor

Name

Specialist in

Address

Drawn up at

On the

Signature of the doctor