

declaration form

INSURANCE AGAINST PHYSICAL ACCIDENTS



Please return this form to:
Ethias - Office for Flanders
Prins-Bisschopssingel 73, 3500 Hasselt
Tel. 011 28 21 11 - Fax 011 28 20 20

File number / /
(reserved for Ethias)

(A) To be completed by the declarant

1 IDENTITY OF THE POLICYHOLDER	
<input type="text"/> <input type="text"/> <input type="text"/>	
Policy number	<input type="text"/>
Exact name of the insured institution	<input type="text"/> <input type="text"/>
Street	<input type="text"/> number <input type="text"/> box <input type="text"/>
Postcode	<input type="text"/> Location <input type="text"/>
Ref.	<input type="text"/> Tel. <input type="text"/>
Bank account	<input type="text"/> - <input type="text"/> - <input type="text"/>

2 IDENTITY OF THE VICTIM	
Name	<input type="text"/> First name <input type="text"/> <small>Mrs-Mr (married woman or widow: maiden name)</small>
Street	<input type="text"/> number <input type="text"/> box <input type="text"/>
Postcode	<input type="text"/> Location <input type="text"/>
Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="radio"/> M <input type="radio"/> F
Class	<input type="text"/> Dept <input type="text"/> Year <input type="text"/>
Name and first name of the legal representative (parent, tutor) <input type="text"/> <input type="text"/>	
Bank account	<input type="text"/> - <input type="text"/> - <input type="text"/>
If the victim is not a student, his/her function <input type="text"/> <input type="text"/>	
Did the victim stop the lessons? <input type="radio"/> Yes <input type="radio"/> No	
If yes, from which date? <input type="text"/> - <input type="text"/> - <input type="text"/>	

3 ACCIDENT DATA		
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Day	<input type="text"/> Time <input type="text"/>	
Place		
<input type="radio"/> At school		
<input type="radio"/> During theory lessons	<input type="radio"/> During physical education	<input type="radio"/> During practical lessons
<input type="radio"/> During playtime	<input type="radio"/> During theory lessons	<input type="radio"/> Sports field
<input type="radio"/> Holiday camp	<input type="radio"/> Boarding school	
<input type="radio"/> At school		
<input type="radio"/> The way to and from school	<input type="radio"/> During excursions	
Exact location	<input type="text"/> <input type="text"/>	
Which means of transport was used?	<input type="text"/> <input type="text"/>	

**4 DESCRIPTION OF THE ACCIDENT (causes, circumstances and consequences, sustained injuries and/or damages)
PLAN (to be added if it is a traffic accident)**

5 IMPLICATION OTHER PARTIES

If the accident is due to a third party, outside the institution, full name and address of this third party.

Name _____ First name _____
Mrs-Mr (married woman or widow: maiden name)

Street _____ number _____ box _____

Postcode _____ Location _____

Insurance company of the third party mentioned above _____

Policy number _____

Is this accident due to the fault of another insured? Yes No

If yes, his/her name and _____
address _____

Date of birth _____ - _____ - _____

Is this accident due to a failure of the installations? Yes No

If yes, specify _____

Has a report been made by a police authority? Yes No

Which authority? _____

Police report number _____

6 WITNESSES

a) Name and address of the witnesses of the accident _____

b) If no witnesses, name and address of the persons who witnessed the condition and the complaints of the injured person, immediately after
the accident _____

c) If no witnesses a) and b) when and by whom were you informed of the accident? _____

7 SURVEILLANCE

Was there surveillance? Yes No

By whom? _____

How many appointees were charged with the surveillance? _____

How many students were surveyed? _____

Drawn up at _____ on _____

Signature of the Head of the institution

(B) Message to the parents of a student victim of a school Accident or an accident on the way to and from school

- 1) Your child was victim of an accident at school which is insured by Ethias.
- 2) The insurance policy provides for the reimbursement of the treatment costs with reference to the RIZIV pay scale amounting to the possible rest after indemnification by the National Health Service. Unless otherwise provided only the payments included in the pay scales for sickness and invalidity insurance are taken into account for reimbursement.
- 3) Applying the law the physician and the hospitals must request the payment of the ordinary medical supply from the patients or their parents and deliver the certificate of care for the National Health Service.
- 4) Upon submission of the vouchers and of the settlement of the National Health Service, Ethias reimburses its allowance in the desired manner to the persons entitled.
- 5) The victim and the parents have free choice of GP or hospital irrespective of which GP or hospital did provide first aid.

IMPORTANT

Please complete the following section or stick your yellow identification number and undersign the following declaration with regard to the medical data.

Name of the policyholder _____ First name _____
Insurance company _____
Affiliation number _____

Attention: the law of August 9th 1963 compels everyone to adhere to a National Health Service. If this is not the case for you, please motivate

Ethias collects your personal data for the purpose of evaluating the risk, managing the insurance agreements and claims, promoting its services and implementing loyalty actions. Your personal data may be passed onto the companies within the Ethias group for commercial purposes. You have the right to access your personal data, to ask for the rectification of inaccurate personal data and to object, free of charges, to the further processing of your personal data for commercial purposes. Do you wish to object to this type of use?

The health related data will be processed for the purpose of accepting the risks underwritten at Ethias, determining the extent of the guarantees and managing

the insurance agreements and claims. Those data will be managed by persons specifically authorised by Ethias. At any time you have the right to withdraw your approval for the processing of those data by the above-mentioned persons.

Any complaints regarding the insurance agreement or the management of a claim can be directed to:

- Ethias – Department 2000 Prins-Bisschopssingel 73 3500 Hasselt fax 011 85 61 10 klachtenbeheer@ethias.be
- Ombudsman for the insurance sector – Square de Meeûs 35 1000 Brussels fax 02 547 59 75 info@ombudsman.as

Drawn up at _____ on _____

I give Ethias permission to treat all medical facts in relation to this demand of reimbursement

Signature

(C) Medical attestation
To be completed by your medical attendant

1) Name of the medical attendant First name
Address

2) Name of the victim First name
Address

3) Date of the accident _ _ _ _ - _ _ _ _ - _ _ _ _

4) Date and hour of the first medical examination _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ . _ _ _ _ uur

5) Injuries (mention the nature of the injuries and the affected parts of the body)
.....
.....
.....

6) Where is the victim receiving treatment?

7) Can the victim move about? Yes No

8) Probable duration of the treatment?

9) Probable consequences of the accident
.....
.....

10) Do you consider that the injuries you examined are due to the accident mentioned in section A.4.? Yes No

11) Is there any previous condition (disabilities, ailments or diseases) which may lead to complications? Yes No
If so, specify

12) a. Has there been any surgical intervention? Yes No
If so, specify
In which medical establishment and by which surgeon?

b. Has a diagnostic radiography or a radiographic check been taken? Yes No
Name of the radiologist?

c. Do you wish to refer the case to a specialist? Yes No

13) Remarks
.....
.....

Drawn up at on
Signature