

Claim form "PERSONAL ACCIDENT"

Please return this claim form to :

TAEKWONDO VLAANDEREN vzw - H. VAN VELDEKESINGEL 150 / Bus 73 - 3500 HASSELT

POLICY AND INSURED PERSON INFORMATION



Policy number : L.O. 1.115.792 B.A. 1.115.793	EKWONDO VLAANDEREN vzw	TAEKWONDO VLAANDEREN
Name of association/group	Ass.	N°
	e association	
Telephone	Mobile	
Email address		
VICTIM'S INFORMATION		
Full name of victim		
	M F Occupation	
	ijury occured:	
	BIC N°	
	the legal representative (parent, guardian)	
	re (in the future) any loss of salary due to the injury	
CLAIM'S INFORMATION		
Date of incident	Day Hour	
Where did the claim occur		
How exactly did it occur? (causes, circumstance Draft (if a road accident occured)	es, consequences)	
	certificate (page 3) for completion by a medical practition	er.
During which activity did the incident occur?	□ W ₂ + // C = 0.5	
Whilst participating at an activity Exact location		aroun
LAGUIOGAIIOII	Exact location	•
	Means of transportation	

If a non-member is involved, full name and address of this thin	•		
Insurance company of above mentioned third party victim			
	Policy number		
WITNESSES			
1) Name and address of the witness(es) of the incident 2) Should there be no witness, name and address of the personal lamediately after the incident	on present at the time of the victim	's condition and	complaints
SUPERVISION			
At the time of the incident, was there supervision by a leader of the supervision by a leader of the supervision of supervising person			
Is the incident caused by another TAEKWONDO Vlaanderen- If yes, the person's name and address	member ?	☐ yes	□ no
Age			
Is the incident caused by a lack of equipment?		☐ yes	☐ no
If yes, please clarify			
Has an observation been made by a reporting authority?		yes	☐ no
If yes, which one ? Possible report number			
DECLARATION MEDICAL DATA			
Please fill in following column or put adhesive letter of your so medical information.	ocial security and sign following dec	claration regardir	ng your
Subscriber's name Social Security Company Social Security Social Security Company Social Security Social Security Social Security Social Security Social Security Social Security Security Social Security S	First name		
"In view of a smooth administration of the insurance clair permission regarding the processing of the medical data (article 7 of the Belgian Law of December 8, 1992 concern	concerning myself."	ereby give my sp	pecial
Draft made at	on (date)		
SIGNATURE LEADER OF THE GROUP	SIGNATURE		
	Which moreover expresses to ag consent fo		mentioned
We manage your file on behalf of : AIG Europe SA -Authorise	ed and regulated by code 0976 / RPR nr. 69	92.816.659 / NBB nr.	3084-

Do you need more information?

arena@arena-nv.be

T +32 2 512 03 04

www.arena-nv.be

N.V. ARENA - Brand Whitlocklaan 165 - 1200 Brussel

FSMA 10.365 / 0449.789.592

FEDERATION : TAEKWONDO VLAANDEREN vzw	
NAME OF ASSOCIATION/GROUP :	

On ___ / __ __ / __ __ __ [

NEW CLAIM FORM EXISTING CLAIM FILE File n°:....

form for completion by a medical practitioner

		Tomi for completion by a medical	ar practi	
M	EDI	ICAL CERTIFICATE		
1)	Naı	me of the attending medical practitioner		
	Adr	ress		
	Pho	one n° E-mail		
2)	Naı	me of the claimant		
	Adr	ress		
٥١	Dot	to of the incident		
,		te of the incident \ \ \ \ \ \ \ \ \ \ \ \ \		
7)		the injuries sustained ? (date and hour)		hrs
5)	Wh	nat injuries were sustained? (regions injured / nature and extent of injuries)		
••••				
	>	Does it concern an acute traumatic injury ?	yes	∐ no
	>	Is there an anamnesis?	_ yes	_ no
	>	Could the injury be traceable to any other cause such as an accumulation of a serie of incidents/traumas or a predisposition?	☐ yes	☐ no
	>	Observations :		
6)	Pro	bable duration of the medical treatment		
7)	Wil	Il the claimant be unable to attend partially or totally to his usual business or occupation?	☐ yes	☐ no
	>	Totally during days.		
	>	Partially during days.		
8)		, ,	ges	☐ no
	>	If so, by whom ?		
9)		Il the incident cause a permanent disablement or may one expect a full recovery?		
••••		PREVIOUS MEDICAL HISTORY		
10) Dio	d the claimant at the time of the incident have any physical defect of infirmity or was he subject to or s	suffering t	from
		ness of desease irrespective of his injuries ?	3	
		e you aware of anything in the claimant's previous medical history which might have contributed direc		
		occurrence of the incident or which may be likely to retard in any way his recovery from it (p.e. previous) aints i.r.o. similar injuries as those caused by the incident?	us incide	nts or
	۰۰۰۰			
Cc	ould	this incident possibly be a recurrence?		
Da	nted	Signature and seal of the medical pra	actitioner	