


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** TAEKWONDO VLAANDEREN vzw 
B.A. 1.115.793

Name of association/group Ass. N°

Full name and address of person in charge of the association

.....

Telephone Mobile

Email address

VICTIM'S INFORMATION

Full name of victim

Address

.....

Date of birth / / M F Occupation

Which activities was the victim doing when the injury occurred :

Email address

IBAN N° BIC N°

If the victim is a minor, full name and address of the legal representative (*parent, guardian*)

.....

Occupation Is there (in the future) any loss of salary due to the injury ? YES NO

CLAIM'S INFORMATION

Date of incident / / Day Hour

Where did the claim occur

How exactly did it occur ? (*causes, circumstances, consequences*)
 Draft (*if a road accident occurred*)

Please transmit the medical certificate (page 3) for completion by a medical practitioner.

During which activity did the incident occur ?

- | | |
|--|--|
| <input type="checkbox"/> Whilst participating at an activity | <input type="checkbox"/> Way to/from an activity |
| Exact location | <input type="checkbox"/> Individual <input type="checkbox"/> transfer in group |
| | Exact location |
| | Means of transportation |

