

accident statement

BODILY INJURY INSURANCE

ETHIAS

Please send back to:
Ethias – Head office for Flanders
verzekeringen@rodekruis.be

[A] to be completed by the declarant

1 POLICY HOLDER'S IDENTITY

RODE KRUIS VLAANDEREN
MOTSTRAAT 40
2800 MECHELEN

Tel. 015 44 34 24

E-mail: verzekeringen@rodekruis.be

Policy number **4 5 3 5 7 5 0 9**



Exact name and address of the insured institution

Street No PO Box
Zip code Municipality
Ref. Phone

2 VICTIM'S IDENTITY

Last name First name

Street No PO Box

Zip code Municipality

Date of birth **d d - m m - y y y y**

M F

Language N F

E-mail

Grade Section Year

Legal representative (parent, guardian)

Last name First name

Bank account number **B E**

National registration number

If the victim is not a student, his/her occupation

Has the victim stopped attending class? Yes No

If so, since? **d d - m m - y y y y**

3 ACCIDENT DETAILS

- Date d d - m m - y y y y Day _____ Time _____
- Location
At school
 - During theory classes
 - During PE classes
 - During practice sessions
- Outside of school
 - During recess
 - At boarding school
 - On the way to school (and back home)
 - During a school trip
- Exact location _____
- Means of transportation used? _____

4 ACCIDENT DESCRIPTION (causes, circumstances, consequences, injuries and/or damage caused)**5 OTHER PARTIES INVOLVED**

- If the accident is caused by a third-party unknown to the institution, please provide the name and address of the third-party
 - M F
 - Last name _____ First name _____
 - Street _____ No _____ PO Box _____
 - Zip code _____ Municipality _____ Country _____
 - Aforementioned third-party's insurance company _____

 - Policy number _____
- Was the accident caused by another policyholder?
 - Yes No
 - If so, name and address _____

- Date of birth _____
- Is the accident due to defective equipment?
 - Yes No
 - If so, please explain _____
- Did a law enforcement authority draw up an accident report?
 - Yes No
 - What authority? _____
- Potential report number _____

6 TESTIMONIES

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

b) In the absence of witnesses, please provide the name and address of the people who witnessed the injured person's condition immediately after the accident _____

c) In the absence of witnesses under a) and b), who did you inform about the accident and when?

7 SUPERVISION

Was someone in charge of supervision? Yes No Who? _____

How many people were in charge of supervision? _____

How many children were being supervised? _____

Done at _____ on d d m m y y y y

On the basis of the clause concerning the processing of health-related data, I give my consent to Ethias for the processing of my health data or that of the person being treated.

Identity of the declarant (last name and first name)

SEND

CAUTION! If you are using a web application (e. g.: Hotmail, Gmail...) instead of a desktop application (e. g.: Outlook), please do not use the « send » button and email your statement directly to verzekeringen@rodekruis.be with this document attached.

NB: The statement will only be complete upon receipt of the attached medical certificate.
You can print this document separately, have it completed by your doctor and attach it to this statement or send it to Ethias – PB/BE 10037 – 1070 Brussels.
You will receive a file number as soon as possible as well as more information about the processing of your claim.
You have to pay the medical expenses first and then you can make a reimbursement request to the mutual insurance company. You are free to choose your healthcare provider.

[B] note to the parents whose child was the victim of an accident at school or on the way to school

- 1) Your child was the victim of a school accident covered by Ethias.
- 2) The insurance contract provides for the reimbursement of treatment costs according to the INAMI/RIZIV scale up to the balance payable after the health insurance fund's intervention. With a few exceptions, only the treatments provided for in the scale of disability or sickness insurance are eligible for compensation.
- 3) Under the law, doctors and hospitals must request patients or their relatives to pay for ordinary treatments and deliver healthcare certificates to the mutual insurance company.
- 4) Upon presentation of the health insurance fund's supporting documents and statement, Ethias will grant a compensation according to the method of payment of the beneficiaries' choosing (account number).
- 5) The victim and parents are free to choose any doctor or hospital regardless of the doctor or hospital who provided the first aid.

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

- Ethias – Prins-Bisschopssingel 73 3500 Hasselt klachtenbeheer@ethias.be
- Ombudsman for the insurance sector – Square de Meeûs 35 1000 Brussels info@ombudsman.as

Data processing relating to health and/or other sensitive data

You give Ethias your consent to process data relating to your health and data belonging to underage children over whom you have parental authority, as well as for sensitive data referred to in article 9 GDPR if this data is necessary for closing an insurance contract, for contract management, for the management of the claims in which you or your children are involved, as well as for the fight against insurance fraud.

You also consent to a unilateral medical examination in the event of a claim.

This data will be processed with the greatest discretion and only by persons authorised for this purpose. Ethias' obligations in this respect are specified in the « Protection of personal data » clause which you will find below.

You may withdraw your consent at any time, but this will in no way invalidate the data processing that has already been carried out. In addition, in this case, Ethias may be unable to fulfill your request to enter into a contract or be compensated for a claim.

Protection of personal data

Eager to apply the new GDPR regulations protecting your personal data, Ethias is fully committed to respecting your rights in this matter. Ethias, in its capacity as data controller, therefore collects your personal data for the following purposes: customer file management, risk assessment, contract and claims management, promotion and loyalty operations, satisfaction surveys, prospecting and profiling, development of statistics and actuarial studies, appeals, claims and litigation management, enforcement of legal, regulatory and administrative provisions in force and fight against fraud.

Ethias processes your data in accordance with the following legal grounds:

- in order to comply with all legal, regulatory and administrative obligations to which it is subject;
- in the context of the execution of your contracts or in order to take pre-contractual measures at your request;
- for reasons which are in its legitimate interest, which most importantly are:
 - fight against fraud;
 - knowledge of its customers and prospects, in order to inform them of its activities, products and services;
 - proper execution of the contracts taken out by its policyholders;
 - safeguarding its own interests and those of its policyholders.

In all these cases, Ethias makes sure that a fair balance is maintained between these legitimate interests and the respect of your privacy

- if applicable, when it has obtained your consent.

These data may, if necessary, be communicated to the following categories of recipients:

- your advisors (lawyers, experts, medical advisors, ...);
- Ethias employees and consultants;
- the other entities of the group, their employees and advisors;
- subcontractors of any nature whatsoever (IT and other), and Ethias' business partners;
- all service providers involved in the execution of contracts and claims settlements;
- banks, insurance and reinsurance companies, brokers and settlement offices;
- public authorities and bodies (police, justice, social security, etc.);
- supervisory authorities and the Insurance Ombudsman.

You will find more detailed information about the recipients in question in our Privacy Policy.

Ethias only keeps your personal data for the time that is required for the processing for which they were collected. This implies that the processed data are kept for the entire duration of your insurance contract(s), claim(s), for the legal limitation period as well as any other retention period that the applicable legislation and regulations may decree. The retention period varies according to the type of data and regulations.

You can access your personal data and have them corrected by means of a dated and signed request accompanied by a photocopy of both sides of your identity card, addressed to:

Ethias
Data Protection Officer
voie Gisèle Halimi 10
4000 Liège
privacy_request@ethias.be

You may object, free of charge and at any time, to the use of your data for commercial prospecting and/or direct marketing purposes.

In addition, in some very specific cases, the GDPR regulation allows you to ask for the limitation of the treatment, to obtain a copy of your data (right of portability) and to ask for its erasure. However, this right to erasure is not absolute. For more details regarding the exercise of your rights, read our Privacy Charter available on the site www.ethias.be. Finally, any complaint can be addressed to:

Data Protection Authority
Rue de la Presse 35
1000 Brussels
Tel. +32 2 274 48 00
www.dataprotectionauthority.be

**[C] medical attest
to be filled by the physician**

1) Doctor's full name	First name	
(in block capitals, please)		
Address		
2) Last name of the victim	First name	
Address		
3) Date of the accident	<u>d</u> <u>d</u> - <u>m</u> <u>m</u> - <u>y</u> <u>y</u> <u>y</u> <u>y</u>	
4) Date and time of the first medical examination	<u>d</u> <u>d</u> - <u>m</u> <u>m</u> - <u>y</u> <u>y</u> <u>y</u> <u>y</u>	Time
5) Injuries (specify the nature of injury and affected body parts)	<hr/> <hr/> <hr/>	
6) Where is the victim being treated?	<hr/>	
7) Is the victim able to move?	<input type="radio"/> Yes <input type="radio"/> No	
8) Expected duration of the treatment	<hr/>	
9) Potential consequences of the accident	<hr/> <hr/> <hr/>	
10) Do you consider that the injuries may be the result of the accident mentioned in section A.4?	<input type="radio"/> Yes <input type="radio"/> No	
11) Is there any special event in the victim's medical history (disability, illness, diseases)?	<input type="radio"/> Yes <input type="radio"/> No	
If so, please explain		
12) a. Did the victim undergo any surgery?	<input type="radio"/> Yes <input type="radio"/> No	
If so, please explain		
In which institution and by which surgeon?		
b. Any X-ray examination (diagnosis and/or monitoring)?	<input type="radio"/> Yes <input type="radio"/> No	
Who did perform it?		
c. Do you want a specialist to perform the procedure?	<input type="radio"/> Yes <input type="radio"/> No	
13) Comments	<hr/> <hr/> <hr/>	

Done at

on

Signature