

GENERAL INDICATIONS FOR ACCIDENT

POLICY 99 682 062

1. Return the present declaration at: federations@ag.be or CONCORDIA NV, Sassevaartstraat 46/301, 9000 Gent
2. Medical costs are repaid as follows:
 - the insurance takers enjoying intervention of a health fund: 150% of the difference between the amounts specified by RIZIV (national institution for sickness and invalidity insurance) for medical care and the intervention of the health fund.
 - medical costs that are not specified by RIZIV = max. € 500 per accident.
3. This declaration form can only be used for accidents during activities of Duiken.Vlaanderen.

IDENTITY OF THE VICTIM

Name: _____	First name: _____
Bank account: BE _____	Date of birth: _____
Address: _____	Postal code: _____ City: _____
Phone: _____	E-mail: _____

INFORMATION CONCERNING THE ACCIDENT

Date: _____ Hour: _____ Place: _____ Identity of the witness (name, address, phone): _____

What kind of sport did you practice? Cause and accident circumstances: During race, training or recreation?

ADDITIONAL INFORMATION

1. Which club are you member of? What sport do you practise at Duiken.Vlaanderen?	
2. Are you covered by a hospitalization policy? Underwritten personally or by employer?(*)	NO YES
3. Does the victim have an insurance 'sickness and invalidity' (= health fund)? Name and address of the health fund?	

STATEMENT BY THE HEAD OF THE CLUB

Signed at _____

Date: _____

Signature of the victim

Undersigned: Acting on behalf of: Confirms that the accident occurred during activities organized by Duiken.Vlaanderen Signed at Date: Signature
--

MEDICAL CERTIFICATE (to be completed by the attending physician)

Doctor :

Address :

Name victim

Address:

Date accident

Date first medical examination :

Established injuries:

Work disability due to injuries

100% (1): Duration:

Partially:Grade: Duration:

Probable consequences of injuries:

Can this injury be attributed to the accident described above? yes no

Has the injured person previously been victim of a sports accident? _____

On which date? _____

What was the nature of the injuries then? _____

Is this a recurrence of the injuries? _____

Is the injured person being looked after? _____

Applied medical treatment: _____

Nature of previous sickness, disability, handicap that could exacerbate the consequences of the accident: _____

The intervention of a specialist is: useful - not useful (**delete as appropriate*)

Radiography is: useful - not useful (**delete as appropriate*)

Treatment in hospital is: useful - not useful (**delete as appropriate*)

It is feared that the injuries above could cause a permanent disability of ____ %

Comments: _____

Signed at _____ date _____

Signature and stamp

(1) The work incapacity is only complete when the victim is required to stop every professional activity.
In other cases it is partial.