



GENERAL INDICATIONS FOR ACCIDENT

POLICY 330-01327088-14007

1. Return the present declaration within 10 days at: CONCORDIA NV, Sassevaartstraat 46/301 te Gent (tel 09 264 11 11)
2. Medical costs are repaid as follows:
 - the insurance takers enjoying intervention of a mutuality: 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 mutuality
 - medical costs that are not specified by RIZIV = max. €500 per accident
3. Declaration form can only be used for accidents during the activities of VVW

IDENTITY OF THE VICTIM

Name: _____	First name: _____
Profession: _____	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 conditions: _____

During race, training or recreation? _____

ADDITIONAL INFORMATION

1. Which club are you member of? What sport do you practice at VVW?	NO _____	YES _____
2. Are you covered by a hospitalization policy? Underwritten personally or by employer? (*)	NO	YES
3. Did you participate as non-member to an organization of VVW with a 1-day license: training camp or sports camp (*)	NO <small>(*delete as appropriate)</small>	YES
4. Did you participate as non-member to a sports promotional activity?	NEEN	JA
5. Does the victim have an insurance 'sickness and invalidity' (=mutuality)? Name and address of mutuality?		

Signed at _____

Date: _____

Signature of the victim

STATEMENT BY THE HEAD OF THE CLUB

Undersigned: _____

Acting on behalf of: _____

Confirm that the accident occurred during activities
organized by VVW

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:	_____

Is wounded previously been victim of sports accident _____

On which date? _____

What were the injuries then? _____

Is this a recurrence of the injuries? _____

The injured person is looked after? _____

Applied medical treatment is as follows _____

Nature of previous sickness, disability, handicap that could exacerbate the consequens of the accident are _____

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 its partially