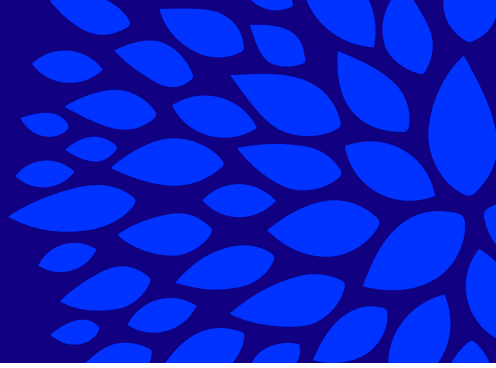


# Group Accident insurance

## Statement of accident



**Policy 719.757.143**

**A.I.A.C.E.**

### Victim

Name and first name

Address

Date of birth (d - m - y)

Sex      M      F

Email

Telephone no

Bank (1)

Account no. (1)

IBAN no. (2)

BIC code (2)

*(1) Obligatory (2) Obligatory, except for Belgium*

### Accident

Date                      Hour                      Place

Detailed description of the circumstances

### Health insurance

EU JSIS      Other

Name    Affiliation no.

Address

### Third party involved in the accident (if applicable)

Name and first name

Address

Insurance company

Policy number

Reporting police office

Police report number

Number of attachments

Medical certificate

Invoices and fees

Others

Drawn up at                                      On the

Signature

*In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life).*

# Group Accident insurance

## Medical certificate

Policy 719.757.143

A.I.A.C.E.

### TO BE COMPLETED BY THE TREATING DOCTOR

#### Victim

Name and first name

Address

Date of birth (d - m - y)

Sex            M    F

Date of the accident

Date of first aid

Stated injuries

Presumed consequences

Recovery and presumed date

Permanent disability of +/- % (according to European scale)

Consisting of

Treatment

Radiography is            necessary            useful            executed

Hospitalisation is imperative            Yes    No

The preexisting diseases or disabilities that have aggravated the consequences of the accident are

The intervention of a specialist seems to be            necessary            not necessary

Remarks

#### Treating doctor

Name

Specialist in

Address

Drawn up at

On the

Signature of the doctor