accident statement **SCHOOL ACCIDENT INSURANCE**



POLICYHOLDER'S IDENTITY	eted by the declarant
Contract no Phone number Phone number Address Full name of the institution Address Street - avenue - boulevard - quay - square - road (strike out what does not apply) Postal code City/Town City/Town	Box
2 VICTIM'S IDENTITY (in block letters)	
Name Mr-Mrs-Ms (strike out what does not apply). Married or widow: maiden name Date of birth Mr-Mrs-Ms (strike out what does not apply). Married or widow: maiden name Address True - avenue - boulevard - quai - place - chaussée (biffer les mentions inutiles) Postal code City/Town Mr-Mrs-Ms (strike out what does not apply). Married or widow: maiden name Bank account number Mr-Mrs-Ms (strike out what does not apply). Married or widow: maiden name Bank account number Mr-Mrs-Ms (strike out what does not apply). Married or widow: maiden name When the victim is not a student his (her function Ms function	Box L
When the victim is not a student, his/her function	
PLACE AND TIME OF THE ACCIDENT	
Date of the accident Day Day	Time
 During theory classes During PE During practice sessions During recess, on the playground Outside school On the way to school Exact place Means of transportation used 	
Outside school On the way to school Exact place	
During practice sessions During recess, on the playground Outside school On the way to school Exact place Means of transportation used ACCIDENT DESCRIPTION (causes, circumstances, consequences and/or damage caused) In the event of a driving accident, please fill in section 5.	
During practice sessions Outside school On the way to school Exact place Means of transportation used ACCIDENT DESCRIPTION (causes, circumstances, consequences and/or damage caused)	

ETHIAS s.a. rue des Croisiers 24 4000 Llège www.ethias.be info@ethias.be

6	FILL IN THIS SECTION IF ANOTHER PARTY IS INVOLVED IN THE ACCIDENT
•	Is the accident due to a policyholder's fault?
•	Is the accident due to a third party unknown to the school?
	If so, please fill in their name
	Name First name First name
	Address No. 1 No. 1 Box
	Postal code City/town Country
•	Is the accident due to defective equipments?
	If so, please explain
•	Did an enforcement authority drew up a report?
	If so, what autority?
7	TESTIMONIES
A.	Name and address of the witness of the accident
	Name First
	Address street - avenue - boulevard - quay - square - road (strike out what does not apply)
	Postal code City/town
В.	If no one witnessed the accident, name and address of the witness of the injured person's condition and complaints immediately after the accident
	Name First
	Address No
	Postal code City/town City/town City/town Country Coun
	If there are other witnesses (A or B), please provide us with their contact details in a separate document.
C.	In the absence of witnesses A and B, when and by whom did you become aware of the accident?
8	SUPERVISION
	Was it being carried out? Yes No
	If so, by whom?
	Mr - Mrs - Ms (strike out what does not apply). Married or widow: maiden name
	Address No Box Box No Box Street - avenue - boulevard - quay - square - road (strike out what does not apply)
•	
	Please send us the other supervisor's contact details in a separate document.
Do	ne on
Sig	rnature

[B] message to the victims of accidents or their parents

- 1) You have been the victim of a school accident covered by Ethias.
- Your insurance contract provides for the reimbursement of the cost of care, at the INAMI rate, for the amount beyond mutuality benefits. 2) With a few exceptions, only the benefits listed in the disability health insurance tariff can be reimbursed.
- In accordance with legal provisions, doctors and hospitals must claim payment for their current services directly from the patient and issue certificates of care, intended for the mutual society.
- Upon presentation of the supporting documents and the mutuality statements, Ethias reimburses the amount of its intervention, according to the requested payment method (account number).
- The victim is free choose the doctor (or hospital) regardless of which doctor has been involved in the first aid.

IMPORTANT

Please complete the form below or affix a mutual insurance sticker and sign the medical data authorization request.

Name and first name of the policyholder Insurance institution Registration no Note: the Law of August 9 1963 makes the affiliation to a mutual organization mandatory. If you are not affiliated to such an organization, please let us know your specific reasons below.

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

- Ethias Department 2035 Prins-Bisschopssingel 73 3500 Hasselt fax 011 85 61 10 klachtenbeheer@ethias.be
- Ombudsman for the insurance sector Square de Meeûs 35 1000 Brussels fax 02 547 59 75 info@ombudsman.as

Data processing relating to health and/or other sensitive data

fou 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 thelegal 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 Rue des Croisiers 24

4000 Liège

DPO@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 w addressed to:

Data Protection Authority Rue de la Presse 35 1000 Brussels

Tel. +32 2 274 48 00

E-mail: commission@privacycommission.be

Pursuant to the aforementioned health data processing provision, I hereby give my consent for Ethias to process my health data or the data of the person being cared for.

Signature

[C] medical certificate

 1) 2) 3) 4) 5) 	Name and first name of the attending physician (in block letters)) Address of the attending Name and first name of the victim Address of the victim Date of the accident Date and time of the first medical examination Injuries (describe the nature of the injuries, injured body parts)
6)	Where is the victim treated?
7)	Is the victim able to move? Yes No
8)	Expected duration of treatment
9)	Potential consequences of the accident
10)	Do you think the witnessed injury could have been caused by the accident described in §? Yes No
11)	Is the victim's state of health prior to the accident involved?
	If so, in what way?
12)	A. Was there any surgical procedure? Yes No If so, describe it
	In which institution and by which surgeon?
	B. Has a diagnostic and/or control X-ray been done?
	By which radiologist? C. Do you want a specialist to perform? Yes No
13)	Observations
Doi	ne on
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