

# Claim form "PERSONAL ACCIDENT"

Please return this claim form to the following address:

#### VGPF vzw - ZUIDERLAAN 14 - B-9000 GENT

e-mail: secretariaat@vgpf.be

### POLICY AND INSURED PERSON INFORMATION

Policy number : <b>P.A. 1.102.196</b>	VLAAMSE GEWICHTHEFFERS EN POWERLIFTING FEDERATIE vzw	<b>V</b> GPF			
Name of club/group					
· ·	the association				
Telephone	Mobile				
Email address					
VICTIM'S INFORMATION					
Full name of victim					
Date of birth					
IBAN N° BIC N° B					
	there (in the future) any loss of salary due to the				
CLAIM'S INFORMATION					
Date of incident	Day				
How exactly did it occur? (causes, circumstances, consequences)  Draft (if a road accident occurred)					
Please transmit the med	ical certificate (page 3) for completion by a medical <sub>l</sub>	practitioner.			
During which activity did the incident occur ?  Whilst participating at an activity  Exact location	☐ Way to/from an activity ☐ Individual ☐ trai	nsfer in group			
If a non-member is involved, full name and a	ddress of this third party victim				
	d party victim				
	Policy number				

WITNESSES						
1) Name and address of the witness(es) of the incident						
	ht to your attention and by whom?					
SUPERVISION						
At the time of the incident, was there supervision by a leader	r of the group ?					
Is the incident caused by another VGPF-member?	☐ yes ☐ no					
Is the incident caused by a lack of equipment?	☐ yes ☐ no					
Has an observation been made by a reporting authority?	☐ yes ☐ no					
If yes, which one?						
Possible report number						
DECLARATION MEDICAL DATA						
Please fill in following column or put adhesive letter of your s medical information.	social security and sign following declaration regarding your					
Subscriber's name	First name					
Social Security Company						
Registration number	the state of the s					
"In view of a smooth administration of the insurance clapermission regarding the processing of the medical data (article 7 of the Belgian Law of December 8, 1992 concerning The victim also agrees to the following "Privacy Statement".	ta concerning myself."					
Oraft made at	on (date)					
SIGNATURE LEADER/COACH OF THE GROUP	SIGNATURE VICTIM / LEGAL GUARDIAN (*)					
	Which moreover expresses to agree with above mentioned consent form and the privacy statement hereafter					
	(*) The person who bears the parental responsibility for the child, younger					

We manage your file on behalf of : AIG EUROPE SA - Code 0976

Do you need more information?

arena@arena-nv.be www.arena-nv.be

T +32 2 512 03 04

N.V. ARENA - Brand Whitlaan 165 - 1200 Brussel FSMA 10.365 / 0449.789.592



#### PRIVACY STATEMENT

Arena values your privacy and the protection of your personal data highly.

We do everything to guarantee the protection of your privacy and therefore handle your personal data carefully. This personal data is processed by Arena NV, with registered office at Boulevard Brand Whitlock 165 – 1200 Brussels (arena@arena-nv.be) in accordance with the General Data Protection and Regulation 2016/679 ("GDPR").

If, after reading our privacy statement, you still have questions about this, you can contact Arena's Data protection officer at the address mentioned above.

Every member of your federation and / or club can enjoy the guarantees provided by Arena.

Arena collects your personal data in requests for reimbursements, when you submit a declaration form "Physical accidents", " Civil liability" or "Legal aid".

This personal data is processed for the execution of the insurance contract between Arena and your federation and / or club, more specifically for Claims Management. Arena also processes personal data to recover benefits or to exercise its statutory right of recourse.

The following categories of personal data may be processed for the purposes described above: name, first name, address, date of birth, place of birth, gender, telephone and fax number, e-mail address, bank account number, nationality, national register number, profession, photos and URLs. Arena also processes your health data, for which your express permission is requested via the declaration form.

We can provide the data that you provide to us to third parties if this is necessary for the execution of the purposes described above.

With these parties, we of course make the necessary arrangements for the security of your personal data. Furthermore, we will not pass on the provided data to third parties, unless this legally obliged and / or permitted, such as in the framework of a police or judicial investigation.

We may send personal data to third parties outside of the EU for the purposes of administering your insurances. Where we do this, we have made suitable arrangements to ensure the security of your data.

Personal data are retained until the legal retention period has expired, in particular until the end of the tax and accounting obligations and the end of contractual liability.

You have the right to inspect your data, to request a copy, an update or the erasing of incorrect / incomplete or irrelevant personal data free of charge.

You can also file an objection against the processing of your personal data (or a part thereof).

We will ask you to identify yourself before we can respond to the aforementioned requests.

Appropriate technical and organizational measures have been taken to protect personal data against unauthorized moderate processing and Arena has a Privacy policy, of which you can obtain a free copy on request. If you wish to exercise these rights at Arena at any time, you can send us a letter or an e-mail (see above) with a proof of your identity.

If you have a complaint about the processing of the personal data, we ask you to contact us directly. You also have the right to file a complaint with the Data Protection Authority (DPA), Drukpersstraat 35 in 1000 Brussels (https://www.databeschermingsautoriteit.be/).

FEDERATION: V G P F vzw - Polis nr. L.O. 1.102.196	NEW CLAIM	EXISTING CLAIM FILE
NAME OF ASSOCIATION/CLUB :	FORM	File n°:

## form for completion by a medical practitioner

M	EDI	CAL	CERTIFICATE			
1)	Nan	ne of	the attending medical practitioner			
ŕ						
	Pho	ne n	<sup>2</sup> E-mail			
2)	Nan	ne of	the claimant			
	Adre	ess .				
3)	Date	e of t	ne incident			
,	Whe	en di	d you first attend upon the claimant in consequence		hrs	
5)		-	uries sustained? (date and hour)                        uries were sustained? (regions injured / nature and extent of injuries)			
Ο,	*****	at 111jt				
••••						
			s it concern an acute traumatic injury ?	yes	no	
			ere an anamnesis ?	□ yes	no	
			d the injury be traceable to any other cause such as an accumulation of a serie of	_		
		incid	ents/traumas or a predisposition ?	yes	∐ no	
			ervations :			
			duration of the medical treatment			
7)	Will	the c	claimant be unable to attend partially or totally to his usual business or occupation?	☐ yes	☐ no	
	>	Tota	Ily during days.			
			ially during days.	_		
8)	Is th	ere t	he necessity of a further examination by a specialist or an X-ray examination?	_ yes	☐ no	
٥,			, by whom ?			
9)	VVIII	the i	ncident cause a permanent disablement or may one expect a full recovery?			
			DDEWOUG MEDICAL LUCTORY			
10	// D:4	tho	PREVIOUS MEDICAL HISTORY  claimant at the time of the incident have any physical defect of infirmity or was he subject to o	r aufforing	from	
			of desease irrespective of his injuries?	Sullering	110111	
11) Are you aware of anything in the claimant's previous medical history which might have contributed directly or indirectly						
to the occurrence of the incident or which may be likely to retard in any way his recovery from it (p.e. previous incidents or complaints i.r.o. similar injuries as those caused by the incident?						
Co	ould t	his ir	cident possibly be a recurrence ?			
Signature and seal of the medical practitioner						
Da	ated	O.t	Signature and cour or the medical			

On \_\_\_ / \_\_ \_ / \_\_ \_\_ \_