



Claim form "PERSONAL ACCIDENT"

Please return this claim form to : DANSPUNT vzw - Sint-Salvatorstraat 18a - 9000 Gent

POLICY AND INSURED PERSON INFORMATION

Policy number : L.O. 1.119.493 DANSPUNT vzw



Name of association/group Ass. N°

Full name and address of guide(s) in charge of the association

Telephone Mobile

Email address

VICTIM'S INFORMATION

Full name of victim

Address

Date of birth [] [] / [] [] / [] [] [] [] M [] F [] Occupation

Which activities was the victim doing when the injury occurred :

Email address

IBAN N° [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] BIC N° [] [] [] [] [] [] [] [] [] []

If the victim is a minor, full name and address of the legal representative (parent, guardian)

Occupation Is there (in the future) any loss of salary due to the injury ? [] YES [] NO

CLAIM'S INFORMATION

Date of incident [] [] / [] [] / [] [] [] [] Day Hour

Where did the claim occur

How exactly did it occur ? (causes, circumstances, consequences)

Draft (if a road accident occurred)

Please transmit the medical certificate (page 4) for completion by a medical practitioner.

During which activity did the incident occur ?

- [] Whilst participating at an activity
Exact location
[] Way to/from an activity
[] Individual [] transfer in group
Exact location
Means of transportation

If a non DANSPUNT-member is involved, full name and address of this third party victim

Insurance company of above mentioned third party victim

Policy number



PRIVACY STATEMENT

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

We do everything to guarantee the protection of your privacy and therefore carefully manages your personal data. This personal data is processed by Arena NV, with registered office at Nerviërsiaan 85 / box 2 – 1040 Brussels (arena@arena-nv.be) in accordance with the General Data Protection and Regulation 2016/679 ("GDPR").

After having read our privacy statement, questions can be addressed to the person in charge of data protection at Arena through the address mentioned above.

Every member of your federation and / or club can benefit from the guarantees provided by Arena. Arena collects your personal data for reimbursements requests, 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 right of redress.

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 explicit consent is requested via the declaration form.

We can transfer the provided information to third parties if this is necessary for the execution of the purposes set out above and we also take the necessary security measures.

Furthermore, we will not transfer your personal data to other third parties unless this is legally required and/or authorised, for example within the framework of a police investigation or judicial inquiry.

We do not transfer any personal data to parties located outside the EU.

Personal data is stored until the expiration of the legal retention period, in particular until the end of the tax and accounting obligations and the end of contractual liability.

You have the right to examine your personal data, to request a copy, an update or the erasure of incorrect / incomplete or irrelevant personal data, free of any charge. You can also oppose to the processing of your personal data (or a part thereof). We will ask you to identify yourself before we can respond to the above-mentioned requests.

The necessary technical and organizational measures have been taken to protect your personal data from unauthorized use. Arena has a Data Protection policy and on request, you can receive a free of charge copy. If you wish to exercise the abovementioned rights, 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 your personal data, we kindly ask you to contact us directly. Should the need arise, it is possible for you to file any complaint with the Data Protection Authority (DPA), Drukpersstraat 35 in 1000 Brussels (<https://www.databeschermingsautoriteit.be/>).

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|-----------------------------------------------------------------------|-------------------|----------------------------------------|
| FEDERATION : DANSPUNT vzw NAME OF ASSOCIATION/GROUP : | NEW CLAIM FORM | EXISTING CLAIM FILE File n° : |
|-----------------------------------------------------------------------|-------------------|----------------------------------------|

form for completion by a medical practitioner

MEDICAL CERTIFICATE

1) Name of the attending medical practitioner
 Adress
 Phone n° E-mail

2) Name of the claimant
 Adress

3) Date of the incident / /

4) When did you first attend upon the claimant in consequence of the injuries sustained ? (date and hour) / / at . hrs

5) What injuries were sustained ? (regions injured / nature and extent of injuries)

➤ Does it concern an acute traumatic injury ? yes no
 ➤ Is there an anamnesis ? yes no
 ➤ Could the injury be traceable to any other cause such as an accumulation of a serie of incidents/traumas or a predisposition ? yes no
 ➤ Observations :

6) Probable duration of the medical treatment

7) Will the claimant be unable to attend partially or totally to his usual business or occupation ? yes no
 ➤ Totally during days.
 ➤ Partially during days.

8) Is there the necessity of a further examination by a specialist or an X-ray examination ? yes no
 ➤ If so, by whom ?

9) Will the incident cause a permanent disablement or may one expect a full recovery ?

PREVIOUS MEDICAL HISTORY

10) Did the claimant at the time of the incident have any physical defect of infirmity or was he subject to or suffering from any illness of disease irrespective of his injuries ?

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 ?

Could this incident possibly be a recurrence ?

Dated at *Signature and seal of the medical practitioner*
 On / /