arena
YOUR COACH IN SPORTS INSURANCE
A Castel Group Company

Claim form "PERSONAL ACCIDENT"

Please return this claim form to the following address :

V G F vzw - ZUIDERLAAN 14 - B-9000 GENT

e-mail: jord@vgf.be

POLICY AND INSURED PERSON INFORMATION

Policy number : **P.A. 1.123.550** **VLAAMSE GEWICHTHEFFERS FEDERATIE**

Name of club/group .....

Full name and address of coach 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 3) 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-member is involved, full name and address of this third party victim .....

.....

Insurance company of above mentioned third party victim .....

..... Policy number .....

WITNESSES

1) Name and address of the witness(es) of the incident ……..

2) Should there be no witness, name and address of the person present at the time of the victim's condition and complaints Immediately after the incident ……..

3) In the absence of 1) and 2), when was the incident brought to your attention and by whom ? ……....

……

SUPERVISION

At the time of the incident, was there supervision by a leader of the group ? ☐ yes ☐ no

If yes, name and function of supervising person .....

.....

Is the incident caused by another VGPF-member ? ☐ yes ☐ no

If yes, the person's name and address .....

.....

Age .....

Is the incident caused by a lack of equipment ? ☐ yes ☐ no

If yes, please clarify .....

.....

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 social security and sign following declaration regarding your medical information.

Subscriber's name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First name ☐☐☐☐☐☐☐☐☐☐

Social Security Company ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Registration number ☐☐☐☐☐☐☐☐☐☐

"In view of a smooth administration of the insurance claim and only for that purpose, I hereby give my special permission regarding the processing of the medical data concerning myself."

(article 7 of the Belgian Law of December 8, 1992 concerning the private life)

The victim also agrees to the following "Privacy Statement".

Draft 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 than 16 years old

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

Do you need more information ?

arena@arena-nv.be **T +32 2 512 03 04**

www.arena-nv.be

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 F vzw - Polis nr. L.O. 1.123.550** NAME OF ASSOCIATION/CLUB :	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 desease 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 ? .....

Signature and seal of the medical practitioner

Dated at .....

On ☐☐ / ☐☐ / ☐☐☐☐