Belfius Insurance

Policy number

Bodily injury claim due to a school accident

	Policyholder	Person injured
Name:		
Address:		
Postal code and place:		
Telephone:		
E-mail:	@	@
Account no.		

PERSON INJURED

a) Capacity ☐ Teacher ☐ Volunteer ☐ Pupil

b) Date of birth / /

ACCIDENT

a) Place of the accident (city, village, hamlet, workshop, house, backyard, ...)

b) Day of the week, date and time:

c) When was the accident first reported?

d) To whom ?.

CAUSE AND CIRCUMSTANCES

How did it happen ?
(accurate description)

Was the accident caused by a third person ? ☐ Yes ☐ No

If so,state: Full name:

Address:

Is he insured ? ☐ Yes ☐ No

If so, with which company ? Policy number:

Did the accident occur on the way to or from school ? ☐ Yes ☐ No

Were there any witnesses ? ☐ Yes ☐ No

If so, state their names and full addresses and note their statements on a separate sheet

Was an official report drawn up? ☐ Yes ☐ No

If so, by which authority ?

When ? / / Number of the official report ?

State compensations, if any: ☐ Health insurance fund ☐ Occupational accident insurance

Is there a compensation from any other insurance? ☐ Yes ☐ No

Name and address of the insurance company

(to be filled out in case of damaged spectacles only)

Was the damaged spectacles certificate handed over to the person injured ?	☐ Yes	☐ No

Claim attachments:

☐ damaged spectacles certificate ☐ health insurance benefit for damaged spectacles

☐ other:

Other remarks	

ATTENTION ! This claim should reach us within 8 days after the accident, together with the fully filled out medical certificate.

Privacy protection
Belfius Insurance shall be authorized to process the personal details communicated to it for the purpose of customer service, risk processing and policies and claims handling. The persons involved have a legal right of access and rectification. Further particulars can be obtained at the Privacy Protection Committee (Act of 8 December 1992).
The undersigned certifies that he/she has reported all the details he/she is aware of.

Drawn up at... (place)

on... (date)

Claimant's signature

Belfius Insurance

MEDICAL CERTIFICATE

drawn up by doctor:

living at :

on the state of health of: injured on

1.	nature of the injuries (elaborate specification of the course of the injuries as from the date of the accident)			
2.	Was the victim already suffering injuries or illnesses that may have aggravated the consequences of the accident ?	☐ Yes ☐ No		
	Which one(s) ?			
3.	a) Was a specialist consulted ?	☐ Yes ☐ No	Which one ?	
	b) Was the victim admitted to hospital ?	☐ Yes ☐ No	From what date ?	……/……./……

4. Please tick the appropriate box: the victim is

- ☐ fully disabled
- ☐ authorized to continue working
- ☐ authorized to partially continue working

When did the disability take effect ?	……/……./……
How long will it last ? (as accurate as possible)	
Are there any serious consequences to be feared towards the future ? (e.g. death or permanent disability)	☐ Yes ☐ No
Which ones ?	

5. When did someone first call on a physician for help ? ……/……./……

Which physician ?

Drawn up and authenticated at ... . . (place) on...

Doctor's signature

Belfius Insurance

Policyholder	
Policy number	

Specifications of damage to spectacles (to be filled out by an optician)

The undersigned Name: ……

Address: ……

……

hereby declares that he examined the spectacles belonging to: ……,

and undertakes to fill out these specifications truthfully.

Damaged spectacles		
	Frame	Glasses
Brand and type		
Purchase date	……./……./……	……./……./……
Price on purchase date		
Nature of the damage		
Can the spectacles be repaired?	☐ Yes ☐ No	☐ Yes ☐ No
	Can the glasses still be used in a new frame?	☐ Yes ☐ No

New spectacles		
	Frame	Glasses
Brand and type		
Price		
Is there a compensation from the health fund?	☐ Yes ☐ No	☐ Yes ☐ No

Drawn up at ... . on ……

Optician's signature