

# declaration form

## SPORT ACCIDENT INSURANCE



Please send back this declaration form to SPORTINEZ VZW,  
POSTBOX 73 - 3980 TESSENDERLO. Please keep your expense reports  
and bills up to date until Ethias notifies you the file number.

Ethias  
Prins-Bisschopssingel 73, 3500 Hasselt  
Tel. 011 28 21 11 - Fax 011 85 60 00


File number     /        /    
(reserved for Ethias)

Policy number  4  5  3  8  9  4  7  8

[A] to be completed by the declarant

**1 IDENTITY OF THE POLICYHOLDER**

SPORTINEZ VZW  
POSTBOX 73  
3980 TESSENDERLO



Appropriate designation of the event  
.....

Exercised sport .....

**2 VICTIM'S IDENTITY**

Last name ..... First name .....

Street ..... N° ..... Letterbox .....

Postal code ..... Municipality .....

Birthdate    -    -      M  F E-mail .....

Occupation .....

Activity of the victim at the time of the accident  Participant  
 Volunteer, helper

Bank account .....  
National registry number .....

If the victim is underage, first and last name of the legal representative (parent, guardian)  
.....

**3 ACCIDENT INFORMATION**

• Date    -    -      Time .....

• Location

During the participation in an event  
 On the way to the event

Individual  Group transportation

What means of transportation was used? .....

4

**DESCRIPTION OF THE ACCIDENT** (causes, circumstances and consequences, injuries and damage)  
**SKETCH** (applicable for road accidents)

5

**INVOLVEMENT OF OTHER PARTIES**

- Is the accident due to another person's fault?  Yes  No

If so, is it a:

participant, colleague volunteer, organizer, spectator, other road user (delete where not applicable)

If known, his/her name and address .....

.....
- Did an official authority draw up a report?  Yes  No

Which? .....

Potential report number .....

**« In order to properly handle the claim file, and for that purpose only, I, the victim of the accident, hereby give my express consent to the processing of the medical data relating to me. » (Article 7 of the Law of 12/08/1992 for privacy protection)**

Done at \_\_\_\_\_ on \_\_\_\_\_

**Signature of the person responsible**