

# declaration form

## SPORT ACCIDENT INSURANCE

# ETHIAS

Please send back this declaration from by e-mail to [info@golazo.com](mailto:info@golazo.com)  
Please keep your expense reports and bills up to date until Ethias notifies you the file number.

Ethias  
Prins-Bisschopssingel 73  
3500 Hasselt

File number  /  /   
(reserved for Ethias)

Policy number

[A] to be completed by the declarant

### 1 IDENTITY OF THE POLICYHOLDER

**SPORTINEZ VZW**  
**SCHOEBROEKSTRAAT 8**  
**3583 PAAL-BERINGEN**



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 .....

Any complaints regarding the insurance agreement or the management of a claim can be directed to:

- Ethias – Klachtenbeheer Prins-Bisschopssingel 73 3500 Hasselt klachtenbeheer@ethias.be
- Ombudsman for the insurance sector – Square de Meeûs 35 1000 Brussels info@ombudsman.as

**Data processing relating to health and/or other sensitive data**

You give Ethias your consent to process data relating to your health and data belonging to underage children over whom you have parental authority, as well as for sensitive data referred to in article 9 GDPR if this data is necessary for closing an insurance contract, for contract management, for the management of the claims in which you or your children are involved, as well as for the fight against insurance fraud. You also consent to a unilateral medical examination in the event of a claim.

This data will be processed with the greatest discretion and only by persons authorised for this purpose. Ethias' obligations in this respect are specified in the « Protection of personal data » clause which you will find below.

You may withdraw your consent at any time, but this will in no way invalidate the data processing that has already been carried out. In addition, in this case, Ethias may be unable to fulfill your request to enter into a contract or be compensated for a claim.

**Protection of personal data**

Eager to apply the new GDPR regulations protecting your personal data, Ethias is fully committed to respecting your rights in this matter.

Ethias, in its capacity as data controller, therefore collects your personal data for the following purposes: customer file management, risk assessment, contract and claims management, promotion and loyalty operations, satisfaction surveys, prospecting and profiling, development of statistics and actuarial studies, appeals, claims and litigation management, enforcement of legal, regulatory and administrative provisions in force and fight against fraud.

Ethias processes your data in accordance with the following legal grounds:

- in order to comply with all legal, regulatory and administrative obligations to which it is subject;
- in the context of the execution of your contracts or in order to take pre-contractual measures at your request;
- for reasons which are in its legitimate interest, which most importantly are:
  - fight against fraud;
  - knowledge of its customers and prospects, in order to inform them of its activities, products and services;
  - proper execution of the contracts taken out by its policyholders;
  - safeguarding its own interests and those of its policyholders.

In all these cases, Ethias makes sure that a fair balance is maintained between these legitimate interests and the respect of your privacy

- if applicable, when it has obtained your consent.

These data may, if necessary, be communicated to the following categories of recipients:

- your advisors (lawyers, experts, medical advisors, ...);
- Ethias employees and consultants;
- the other entities of the group, their employees and advisors;
- subcontractors of any nature whatsoever (IT and other), and Ethias' business partners;
- all service providers involved in the execution of contracts and claims settlements;
- banks, insurance and reinsurance companies, brokers and settlement offices;
- public authorities and bodies (police, justice, social security, etc.);
- supervisory authorities and the Insurance Ombudsman.

You will find more detailed information about the recipients in question in our Privacy Policy.

Ethias only keeps your personal data for the time that is required for the processing for which they were collected. This implies that the processed data are kept for the entire duration of your insurance contract(s), claim(s), for the legal limitation period as well as any other retention period that the applicable legislation and regulations may decree. The retention period varies according to the type of data and regulations.

You can access your personal data and have them corrected by means of a dated and signed request accompanied by a photocopy of both sides of your identity card, addressed to:

Ethias  
Data Protection Officer  
voie Gisèle Halimi 10  
4000 Liège  
privacy\_request@ethias.be

You may object, free of charge and at any time, to the use of your data for commercial prospecting and/or direct marketing purposes.

In addition, in some very specific cases, the GDPR regulation allows you to ask for the limitation of the treatment, to obtain a copy of your data (right of portability) and to ask for its erasure. However, this right to erasure is not absolute. For more details regarding the exercise of your rights, read our Privacy Charter available on the site [www.ethias.be](http://www.ethias.be). Finally, any complaint can be addressed to:

Data Protection Authority  
Rue de la Presse 35  
1000 Brussels  
Tel. +32 2 274 48 00  
[www.dataprotectionauthority.be](http://www.dataprotectionauthority.be)

Drawn up in

on

Pursuant to the aforementioned health data processing provision, I hereby give my consent for Ethias to process my health data or the data of the person being cared for.

Signature

File number     /        /    
Policy number  4  5  3  8  9  4  7  8

[B] medical certificate  
To be completed by a physician

Doctor (name and address or stamp)

Victim (name)

Date of the accident  d  d -  m  m -  y  y  y  y

Date of the first medical exam  -  -

Type of injury

Part of the body

To report several injuries, you can use the numbers for each injury and body part.

- ☐ Muscle strain  
☐ Tendon strain  
☐ Muscle tear  
☐ Ruptured tendon  
☐ Bruise (contusion)  
☐ Strain ([dis]torsion)  
☐ Arm fracture  
☐ Dislocation

Head and face

- ☐ Head  
☐ Face  
☐ Eyes L/R  
☐ Ears L/R  
☐ Nose  
☐ Mouth

Neck and torso

- ☐ Neck L/R  
☐ Chest/stomach L/R  
☐ Back L/R  
☐ Genitals L/R

Upper body parts

- ☐ Shoulder L/R  
☐ Upper arm L/R  
☐ Elbow L/R  
☐ Forearm L/R  
☐ Wrist L/R  
☐ Hand L/R  
☐ Fingers L/R

Lower body parts

- ☐ Hip L/R  
☐ Lies L/R  
☐ Upper leg L/R  
☐ Knee L/R  
☐ Lower leg L/R  
☐ Ankle L/R  
☐ Heel L/R  
☐ Foot L/R  
☐ Toes L/R

Other / more

Additional information

1. Do you think that the aforementioned injuries are the result of the accident mentioned above? ☐ Yes ☐ No
2. Has the victim already had the same troubles/injuries in the past?  
☐ No  
☐ Yes. The victim had not fully recovered (relapse)  
☐ Yes. The victim had fully recovered (recurrence)
3. Was there a surgical operation? ☐ Yes ☐ No
4. Expected duration of treatment  
☐ None ☐ 1 to 2 months  
☐ 1 to 14 days ☐ More than 2 months  
☐ 5 to 30 days
5. Do you expect complete recovery? ☐ Yes ☐ No ☐ N/A
6. When do you expect the victim to be able to fully resume his/her sport activity?  
☐ At once ☐ More than 2 months  
☐ 1 to 14 days ☐ N/A  
☐ 15 days to 2 months

Done at on

Physician's signature