



Account of the events : .....

Did the police draw up a report ?  Yes  No If So, Police Department of : .....  
on ..... No. Report .....

Who holds liability for the accident ? (name and address of the liable party) : .....

Was the beneficiary in the employer's service at the time of the loss, or was he on the way from or to work ?  Yes  No  
If SO : who is the employer ? (name and address) .....

With which company is he insured for occupational accidents ? .....

Which are the injuries incurred ? .....

Hospitalization period : .....

Name and address of the hospital : .....

The undersigned certifies that the above-mentioned answers are complete and that they correspond to the truth.

I undertake to request the third party (attending physicians, hospitals, social insurance institutions, other insurance companies, authorities, etc....) to provide any information concerning illnesses, accidents, infirmities occurred and to communicate any such to the company's medical adviser. He agrees for AG Insurance to process the above-mentioned data, subject to compliance with the Belgian privacy legislation, with a view to providing and managing insurance services in general, including the drawing up of statistics.

The person involved is entitled to consult and, where appropriate, to correct his data. The data relative to health shall be processed only under the responsibility of a health care professional and access thereto is limited to any such persons who need such data to exercise their duties.

AG Insurance shall not communicate such data to third parties.

However, the undersigned agrees for AG Insurance to communicate such data provided it has a statutory or contractual obligation or a legitimate interest.

Made out at ....., on .....

Signature of the participant