



**OVERSEAS CONTACT**

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**ADDRESS**

Victor Hortaplein 11  
1060 Brussels

16. Is the accident considered as an accident at work? Yes No

17. Why is the accident not considered as an accident at work? .....

18. Has a statement been drawn up? Yes No

▶ Number and date of the statement: ..... - \_\_\_\_/\_\_\_\_/\_\_\_\_\_

19. Did the accident occur during physical exercise? Yes No

During a sports competition? Yes No

If so, then:

▶ a) which competition: .....

▶ b) were the participants paid? Yes No

▶ c) Did the organizers charge an entrance fee? Yes No

20. Nature and severity of the injuries: .....

21. Probable duration of incapacity: .....

22. Was the victim admitted to hospital? Yes No

▶ To which hospital? .....

▶ Since when? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

23. Complementary information

Map of the accident site

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**III. ACCIDENT AT WORK OR ACCIDENT SUSTAINED ON THE JOURNEY TO OR FROM WORK**

24. Employer's name and address: .....

25. Employer's insurance company: .....

26. Has the victim already started legal proceedings against his employer?    Yes    No  
▶ Before which court or tribunal? .....

27. Have the following instances been informed of the accident at work:  
▶ the Registry to the Justice of the Peace?    Yes    No  
▶ the social inspection services?    Yes    No  
▶ the employer's insurance company?    Yes    No

**IV. ACCIDENT WITH A THIRD PARTY CIVIL LIABILITY**

28. Third party's name, address and occupation: .....

29. Name and address of the third party's employer: .....

30. Name and address of the insurance company  
▶ of the third party: .....

▶ of his employer: .....

31. Name and address of the third party's lawyer: .....

32. Have the victim and the third party reached an amicable settlement?    Yes    No  
▶ With the consent of the insurance company?    Yes    No

33. What does this amicable settlement consist of .....

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34. Has the victim filed a complaint against a third party?

▶ with the police?    Yes    No

▶ with the public Prosecutor?    Yes    No

35. Is the third party subject to legal proceedings?    Yes    No

36. Has the third party been put in default by the victim?    Yes    No

37. Has the victim claimed a compensation for the damage from the third party? .....

38. Has the victim already started legal proceedings against the third party? .....

    Before which court or tribunal? .....

39. Will the victim start legal proceedings against the third party? .....

Certified as true and fair.

Beneficiary's signature or his agent's signature,

Done at ..... on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature\*

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**DECLARATION OF SUBROGATION**

I, the undersigned (1): .....

.....

subrogate to the Agency my right to obtain compensation from any person at fault for the accident of:

which I was a victim

of which ..... was a victim (2).

Date \_\_\_/\_\_\_/\_\_\_\_\_ Place .....

This subrogation is granted up to the amounts the Office has paid or will pay to me in order to reimburse any health care costs which have been made or will be made as a result of this accident.

Done at ..... on \_\_\_/\_\_\_/\_\_\_\_\_

Signature\*

(1) Signatory's name, first name and address

(2) If the victim and the signatory are different persons, please mention the relationship with the insured person.

Example : of which my spouse Dupont Marie was the victim...

Your data is processed in accordance with the Belgian Privacy Act of 8 December 1992. You can consult and correct your data at any time. These will be only be used to treat your demand.

(\*) Both an electronic and a handwritten signature are allowed