

ACCIDENT CLAIM

Aig-Assistance – Diving accidents abroad – Policy number: ARENA 2.009.718/010

CALL CENTER 32.2.253.69.16

Fatal accidents: to be advised within 48 hours to NELOS-secretariat and ARENA. Other types of accidents: to be advised within 15 days to the secretariat together with the medical attest from the current year.

PERSONAL ACCIDENT

NELOS secretariat – Brusselsesteenweg, 313-315 – 2800 Mechelen – Tel. 015/29 04 86 Fax 015/20 61 58
 ARENA – Jozef II-straat 36/38 – 1000 Brussel – Tel. 02/512 03 04 – Fax: 02/512 70 94 (Mrs. Inge Ghijsels)

CLAIMANT/ INJURED PERSON

Name and surname: _____	
Address: _____	
Telephone: _____	Sex: male/female (*) Date of birth: _____
Occupation: _____ Office worker/Labourer/Self-employed/Public sector (*)	
Name and address of employer: _____	
Insurance situation:	Are you insured for all risks? yes/no (*)
	Self employed: are you insured for large risks yes/no (*)
	Self employed: are you insured for all risks yes/no (*)
	Other: _____
Qualification: _____	Grade: _____ Date of last medical check-up _____

DETAILS OF CLUB

Name: KORTRIJKSE DUIKERSKLUB	Legal statute ; VZW
Address: ROGGELAAN 79 – 8500 KORTRIJK	
Address secretariat: KASTEELSTRAAT 27 – B8880 LEDEGEM – 056/509354	

ACCOMPANYING DIVER(S)

1	Name and surname _____
	Address: _____
	Telephone: _____ Qualification: _____ Grade: _____
	Function during the dive: Diveleader/support diver /Buddy (*)
2	Name and surname _____
	Address: _____
	Telephone: _____ Qualification: _____ Grade: _____
	Function during the dive: Diveleader/support diver/Buddy (*)
3	Name and surname: _____
	Address: _____
	Telephone: _____ Qualification _____ Grade: _____
	Function during the dive: Diveleader/support diver/Buddy (*)

WITNESSES

1.	Name/Surname/Telephone. _____
	Address _____
2.	Name/Surname/Telephone. _____
	Address _____

(*) Strike what does not apply.

MEDICAL ATTEST

ATTENDING DOCTOR

Name and surname: _____

Address: _____

Telephone : _____ Member of Medical Diving Commission? yes /no (*)

GENERAL

Name of injured person's club: _____

When were you called to attend to the patient (date and time): _____

Remarks: _____

NATURE OF INJURY

Give details of injuries or scars sustained : _____

Had the injured person scars or suffered from this condition before the accident: yes/no (*)

Was the injured person previously involved in a diving accident : yes/no (*)

If yes: - When and what were the nature of the injuries/scars: _____

- Is this a recurrent condition? yes/no (*)

CONCLUSION

- Is the injured person wholly or partly unable to work? yes/no (*)

If yes: - unable to work full time _____ days

If yes: - unable to work part time _____ days. Certify: _____

- Was the intervention of a specialist necessary? yes/no (*)

If yes give details: _____

- Will the accident affect the injured person's ability to work: yes/no (*)

If yes certify: _____

Doctor's stamp

Place: _____

Date: _____

(*) Strike what does not apply

Signature:

LIABILITY OF THIRD PARTIES

If in the case of a personal accident a third party is involved:
Give the name and address of person involved and eventually the name of the insurance company where the latter is insured: _____

IN THE CASE OF CIVIL LIABILITY

The following sections should only be completed in cases of material damage or if injury to a third party has been inflicted

Please complete on the first page:

- The name of the injured person (or the person who caused the accident)
- The name of the club
- The names of witnesses (2)

Damages

Details and estimate of the material damage: _____

Details of personal injuries and scars: _____

RESPONSIBILITY

Who was responsible for the accident? _____

Why? _____

OFFICIAL REPORT

Has an official report been made? yes/no (*)

By whom? _____

(*) Strike what does not apply

SIGNATURES

Signature secretary

Signature claimant/injured party

Signature of witnesses and /or
fellow divers

--