



General Directorate VII Overseas Social Security - Section periodic benefits

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A1 - ACCIDENT DECLARATION To be sent duly completed and signed to the Office

1. Name and registered office of company	
2. Administrative head office in Belgium	
3. Surname, first name and function of declarant	
4. Surname, first name and address of victim Overseas Social Security Office Affiliation N°:	
5. Date and place of birth of victim	
6. Occupation of victim	
7. Day, date and time of accident	
8. Place of accident	
9. Description of accident: circumstances, work to be carried out, material causes etc.	
10. Name and address of any witness	
11. Name and address of any responsible third party and of the insurance company (policy number)	
I declare on my honour that the present declaration is honest and complete. Done at, on (signature)	
In the case of death, attach to the A1 form the surnames, first names, addresses, and relationship with the victim of the beneficiaries.	

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.