



General Directorate VII Overseas Social Security - Section periodic benefits

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Declaration of an accident

I. Victim

- 1. Victim's name and first name :
- 2. Date and place of birth :
- 3. Address, telephone n°, fax and e-mail :
- 4. Occupation :
- 5. Name and address of the victim's lawyer :
- 6. Insurer's name and address :
- Victim's car (C.L.)
- Insurance policy n°
- 7. Has a complaint been filed against the victim?

II. ACCIDENT

- 8. Place where the accident took place:
- 9. Day, date and hour :
- 10. Circumstances of the accident :
- 11. What was the victim doing during the accident ?
- 12. Was the victim at work ?
- 13. What was the work he was doing ?
- 14. Was the victim on his way to work?
- 15. Has the employer been informed of the accident?.....
- 16. Name, first name and address of the main witnesses
- 17. Is the accident considered as an accident at work?.....
- 18. Why is the accident not considered as an accident at work?.....

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19. Has a statement been drawn up?
- Number and date of the statement:
20. Did the accident occur during physical exercise?
- During a sports competition?
- If so, then :
- a) which competition
 - b) were the participants paid?
 - c) Did the organizers charge an entrance fee?
21. Nature and severity of the injuries :
-
22. Probable duration of incapacity:
23. Was the victim admitted to hospital?
- To which hospital?
 - Since when?
24. Complementary information

Map of the accident site

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

25. Employer's name and address:
26. Employer's insurance company :
27. Has the victim already started legal proceedings against his employer?
- Before which court or tribunal?
28. Have the following instances been informed of the accident at work:
- the Registry to the Justice of the Peace?
 - the social inspection services?
 - the employer's insurance company?

IV. ACCIDENT WITH A THIRD PARTY CIVIL LIABILITY

30. Third party's name, address and occupation
31. Name and address of the third party's employer
32. Name and address of the insurance company
- of the third party
 - of his employer
33. Name and address of the third party's lawyer
34. Have the victim and the third party reached an amicable settlement ?
- With the consent of the insurance company?
 - Without the consent of the insurance company?.....
35. What does this amicable settlement consist of
36. Has the victim filed a complaint against a third party?.....
- with the police?
 - with the public Prosecutor?
37. Is the third party subject to legal proceedings?
38. Has the third party been put in default by the victim ?.....
39. Has the victim claimed a compensation for the damage from the third party?
40. Has the victim already started legal proceedings against the third party?
- Before which court or tribunal?
41. Will the victim start legal proceedings against the third party ?.....

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(Date).....
(Place).....

Certified as true and fair.
Beneficiary's signature
or his agent's signature,

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 (place).....
(Date).....

Signature:

(The signature of the person granting the subrogation must be preceded by the words "Read and approved" written by him).

- (1) Signatory's name, first name and address
- (2) Please delete as appropriate If the victim and the signatory are different persons, please mention the relationship with the insured person.
Example : of which I have been victim / my spouse Dupont Marie was the victim...

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