

## CLAIM NOTIFICATION FORM SVI / WEGAS

### Policy information

Policy number \_\_\_\_\_  
Claim number (if available) \_\_\_\_\_  
Policy holder \_\_\_\_\_  
Address \_\_\_\_\_  
Postal code and Place \_\_\_\_\_  
Telephone number \_\_\_\_\_  
IBAN number \_\_\_\_\_  
Entitled to deduct V.A.T.?  Yes  No

### Information of the incident

Date of the accident \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_ Time \_\_\_\_\_ hours

This is:  during working hours  outside working hours  while commuting  business travel

### Description of the event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Who is the injured party?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Place \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Date of birth \_\_\_\_\_  
IBAN number \_\_\_\_\_  
Marital status \_\_\_\_\_

### Nature of employment

permanent employment  self employment / freelance  temporary employment  volunteer  
 other, \_\_\_\_\_  
 fulltime  parttime

### Liability

Based on what grounds do you think your employer or principal is liable for the loss?

Who caused the damage?  you  someone else, \_\_\_\_\_

What is the nature of the damage?  bodily injury  material damage

### In case of material damage

Can you provide an estimate of the loss amount? \_\_\_\_\_

### In case of bodily injury

Description of the injury or complaints

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Physical restrictions as a consequence of the event

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What is your profession?

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Have you been declared incapacitated for work?  No  Yes

What is the nature of your contract of employment?  0-hours  Temporary  Permanent

Do you have occupational disability insurance?

No  Yes, insurance company \_\_\_\_\_ Policy nr \_\_\_\_\_

#### Health Insurance

Insurance company \_\_\_\_\_ Policy nr \_\_\_\_\_

Deductible \_\_\_\_\_

Do you have an accident insurance?

No  Yes, insurance company \_\_\_\_\_ Policy nr \_\_\_\_\_

Have you visited the hospital as a consequence of the event?  No  Yes

Have you visited a doctor as a consequence of the event?  No  Yes