

A close relative has died following an accident

GENERAL INFORMATION

Claim-file reference (as detailed in accompanying letter):

Date, location and time of accident:.....

1. Personal details

First name(s) and last name of the deceased:

Date of birth:.....

Address:

Marital status: Single – Married – Cohabiting – Widow/Widower – Separated – Divorced

Name of spouse/cohabiting partner:

.....

Date of birth of spouse/cohabiting partner:/...../.....

Working status of spouse/cohabiting partner:

- Full time
- Part time: hours/week

Composition of deceased's household:

	Last name, first name	Date of birth	Dependent	Cohabiting
Spouse/partner			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child(ren)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is/are the perpetrator(s) of the accident a relation of any kind or a dependent? Yes No

If yes, please give details:

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2. Family income situation

Working status of the deceased as at date of accident			Working status of the spouse/partner as at date of accident		
	Tick as appropriate	Since		Tick as appropriate	Since
Worker (blue-collar)	<input type="checkbox"/>		Worker (blue-collar)	<input type="checkbox"/>	
Employee (white-collar)	<input type="checkbox"/>		Employee (white-collar)	<input type="checkbox"/>	
Civil servants/military officer	<input type="checkbox"/>		Civil servants/military officer	<input type="checkbox"/>	
-statutory	<input type="checkbox"/>		-statutory	<input type="checkbox"/>	
-contracted			-contracted		
Self-employed	<input type="checkbox"/>		Self-employed	<input type="checkbox"/>	
Student/child	<input type="checkbox"/>		Student/child	<input type="checkbox"/>	
Retired	<input type="checkbox"/>		Retired	<input type="checkbox"/>	
Early retired	<input type="checkbox"/>		Early retired	<input type="checkbox"/>	
Jobseeker	<input type="checkbox"/>		Jobseeker	<input type="checkbox"/>	
In receipt of benefit from mutual health insurance provider	<input type="checkbox"/>		In receipt of benefit from mutual health insurance provider	<input type="checkbox"/>	
In receipt of benefit from CPAS/OCMW	<input type="checkbox"/>		In receipt of benefit from CPAS/OCMW	<input type="checkbox"/>	
Unemployed	<input type="checkbox"/>		Unemployed	<input type="checkbox"/>	
Other	<input type="checkbox"/>		Other	<input type="checkbox"/>	

<u>If the deceased was in paid employment</u>				<u>If the spouse/partner is in paid employment</u>			
Name and address of employer :.....				Name and address of employer:.....			
Contract	Full-time:	Part-time:		Contract	Full-time::	Part-time:	
No. Of hours/week				No. of hours/week			
Wage/salary	Gross	Taxable	Net	Wage/salary	Gross	Taxable	Net
Per hour				Per hour			
Per month				Per month			
Per year				Per year			
Other benefits (bonuses, 13 th month, meal vouchers, etc.):				Other benefits (bonuses, 13 th month, meal vouchers, etc.):			

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<u>If the deceased was self-employed</u>				<u>If the spouse/partner is self-employed</u>			
<input type="checkbox"/> as main occupation		<input type="checkbox"/> as secondary occupation		<input type="checkbox"/> as main occupation		<input type="checkbox"/> as secondary occupation	
	Tick as appropriate	Taxable income	Fixed costs (total)		Tick as appropriate	Taxable income	Fixed costs (total)
Company director				Company director			
One-person company				One-person company			
Independent worker				Independent worker			

Please enclose tax assessment notices for the past three years.

BCE/KBO no.:

- If the deceased was a student:

Name of school/college:

Type and duration of course:.....

Year of course at time of accident:

3. Circumstances of the accident

- Was the incident: an accident at work or on the way to work?
 an accident at school/college or on the way to school/college?
 a private accident?

- If an accident at work or on the way to work:

Name and address of deceased's employer's occupational-accident insurer:
.....
.....
.....

- If an accident at school/college or on the way to school/college:

Address of school/college and name and address of school's/college's insurer:.....
.....
.....
.....

Were there any witnesses to the accident? Yes No

If yes, please give details (first name, last name and address):

.....
.....

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4. Material consequences of the accident

Description of damage to items other than a vehicle. Please enclose all receipts/invoices/other evidence and retain any damaged items.

Item	Description of damage	Date of purchase	Damage estimate

5. Bodily injury caused by the accident

Nature of injuries:
.....
.....
.....

Was the deceased admitted to hospital following the accident? Yes No

Name of clinic:
.....

If admitted to hospital: Date of admission:/...../..... Date of discharge :/...../.....

Please enclose the document "Medical Certificate to be completed by your doctor".

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4. Involvement of associations or insurers

Following the accident, was assistance received in respect of the deceased from any of the associations/insurers listed below?

If yes, please give details in the table.

	Details of association/insurer	Reference
Occupational-accident insurer		
Medical-expenses insurer		
Hospitalisation insurer		
Personal-accident insurer		
Income-protection insurer		
Material-damage insurer		
Travel insurer		
Mutual health-insurance provider (<i>mutualité/mutualiteit</i>)		
Public Social Assistance Centre (CPAS/OCMW)		
Other		

Mutual health-insurance provider (attach a sticker):

Did the deceased hold personal/family civil-liability cover? Yes No

Did the deceased hold legal-expenses cover? Yes No

5. Comments

.....
.....
.....

The personal data collected by means of this document are processed by the recipient insurers of this document, the data controllers, for the following purposes: to manage the claims in question, in particular to ascertain and assess the damage incurred by the death of the undersigned's family member; to detect and prevent fraud; for statistical purposes.

For these purposes only, these data may, if necessary, be passed on to other insurance companies involved in the compensation for damage incurred by the death of the undersigned's family member, to their representatives in Belgium, their correspondents abroad, their reinsurers, their claims settlement offices, an expert, a lawyer, a technical consultant, the insurance intermediary of the undersigned or his or her deceased family member and, more generally, to any person or entity seeking recourse or against whom recourse is sought in relation to the aforementioned damage.

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The legal basis for the processing of the data is created by the insurance contracts (legal expenses insurance, third party liability or any other contract), as well as by the obligation on the part of the data controller insurer, arising from the third party liability contract, to compensate, where applicable, the victims of damage incurred by the death of the family member further to the claim(s) in question. Where this questionnaire is not completed correctly, the insurer will be unable to process this claim. Moreover, the processing is based on the insurer's legitimate interest in preventing insurance fraud and compiling statistics.

The data processed are retained by the responsible insurer for the duration required to process the claim, which will vary with the circumstances. This duration will be extended by the limitation period so that the insurer can deal with any appeals made after the closure of the insurance claim.

The said data are processed with the utmost discretion and exclusively by authorised persons.

The people involved may view these data and, if necessary, have them corrected by sending a dated and signed request, accompanied by a photocopy of the front and back of their identity card, to the recipient insurer of this document. The said persons may also, using the same procedure, and within the limits set down in the General Data Protection Regulation, object to the processing of data or request that any such processing be limited. They may also request the deletion or transfer of their personal data.

Further information, including the contact details of the data protection officer, may be obtained from the same insurer.

A complaint may be submitted, where applicable, to the Belgian Data Protection Authority.

Within the context of the compensation process, the insurer is obliged to comply with the "rules of conduct for claim settlement: relations with the victims of serious accidents", which can be found on the website www.assuralia.be. Any complaint relating to the proper application of these rules of conduct by the insurance company must be submitted by the victim of damage incurred by the death of the family member to the complaints department of the company concerned, in accordance with the code of conduct for complaints management in insurance companies (available at www.assuralia.be). If the victim is not satisfied with the response received from this department, he or she may submit the complaint to the Insurance Ombudsman via the website www.ombudsman.as.

Name and first name(s) of signatory:.....

Address:

Capacity:.....

Telephone (home):..... Telephone (mobile):

E-mail address:

Done at Date: ... / ... /

Signature

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