Declaration form medical and non-medical harm

Policy number: GBC9767
Claim file number: ..... (reserved for insurance company)

To be filled in by the insured (injured, sick) together with (a)DAL

Information

Surname + First name: ..... Phone number:.....
Address + country: .....
.....
E-mail: .....
Accreditation number at SO2014: .....
Bank account: IBAN:..... BIC: .....
Name DAL (Delegation Assistant Liaison): .....

Problem

Arised or confirmed on . . / . . / . . . . (DD/MM/YYYY) at . . : . . (hh:mm)

Arised or confirmed during/at (mark with a cross)

- ☐ Opening ceremony
- ☐ Closing ceremony
- ☐ Host Town Program
- ☐ Olympic Village
- ☐ Brussels International Airport
- ☐ Transport: from ..... to.....
- ☐ Balendijk
  - o Cycling
- ☐ Den Uyt
  - o Athletics
  - o Gymnastics
- ☐ Antwerp Expo
  - o Badminton
  - o Bocce
  - o Judo
  - o Table tennis
  - o AAC
- ☐ Wezenberg
  - o Aquatics
- ☐ Het Rooi
  - o Basketball
  - o Football
- ☐ Other: .....

Roll at the moment that the problem is suggested: (mark with a cross)

☐ Athlete ☐ Monitor ☐ Spectator ☐ Volunteer

<u>In case of a non-medical problem:</u>
Description:
.....
.....
Damage amount: ..... (Add evidence documents)

<u>In case of a medical problem:</u>
Accident/ disease (circle the correct)
Circumstances: .....
The Red Cross has provided assistance in the context of this declaration: yes / no (circle the correct)
Damage amount if known(*) ..... (Add original certificates or documents)

Date and signature:

.....

DECLARATION FORM
MEDICAL AND NON-MEDICAL HARM

A great performance deserves a great audience

Games of the heart
Special Olympics
EUROPEAN
SUMMER GAMES
Antwerp 2014

EUROPESE
EUROPEENNE
EUROPEAN
UW REISVERZEKERING | Een onderneming van Nationale Suisse

To be filled in by the health care provider in case of a medical problem

Sort and identification of the health care provider

Doctor	**Dentist**
Name: ……..	Name: ……..
RIZIV number: ……..	RIZIV number: ……..
Pharmacist	**Other**
Name: ……..	Name: ……..
Address: ……..	Address: ……..

In case of treatment by a doctor or dentist

Care facility:

- ☐ ZNA Antwerp
- ☐ AZ Heilig Hart Mol
- ☐ Medical building Olympic Village
- ☐ Other: ……..

Diagnosis:

……

……

Administered care:

……

……

……

……

Expected disability to sport untill: . . / . . / . . . . (DD/MM/YYYY)
Expected disability to work untill: . . / . . / . . . . (DD/MM/YYYY)

(*)Attention:

1) Always add original certificates or evidence documents to the claim form, if they have already been paid yourself. Make sure that in case of an accident or illness also the section " TO BE FILLED IN BY THE HEALTH CARE PROVIDER " is completed. Please send this form through your DAL urgently to **De Europese, Tweekerkenstraat 14, B-1000 Brussel or by fax +32 (0)2 218 77 62 or by mail specialolympics@europese.be.**
   For some further information you can contact +32 (0)2 220 34 11.
2) The hospitals, AZ Mol and ZNA Antwerp, will offer the medical expenses from a foreign insured directly to the insurance company.