

OVERSEAS CONTACT

Pascale Domken (Fr) Amélie Elie (Fr)
02 509 20 84 02 509 38 22

Stijn Blommaert (NL)
02 509 33 60

periodekeuitkeringen-osz@onsrszslss.fgov.be
prestationsperiodiques-om@onsrszslss.fgov.be

ADDRESS

Victor Hortaplein 11
1060 Brussels

16. Is the accident considered as an accident at work? Yes No

17. Why is the accident not considered as an accident at work?
.....

18. Has a statement been drawn up? Yes No

▶ Number and date of the statement: - ____/____/____

19. Did the accident occur during physical exercise? Yes No

During a sports competition? Yes No

If so, then:

▶ a) which competition:

▶ b) were the participants paid? Yes No

▶ c) Did the organizers charge an entrance fee? Yes No

20. Nature and severity of the injuries:
.....
.....

21. Probable duration of incapacity:

22. Was the victim admitted to hospital? Yes No

▶ To which hospital?

▶ Since when? ____/____/____

23. Complementary information

Map of the accident site

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

24. Employer's name and address:

25. Employer's insurance company:

26. Has the victim already started legal proceedings against his employer? Yes No
▶ Before which court or tribunal?

27. Have the following instances been informed of the accident at work:
▶ the Registry to the Justice of the Peace? Yes No
▶ the social inspection services? Yes No
▶ the employer's insurance company? Yes No

IV. ACCIDENT WITH A THIRD PARTY CIVIL LIABILITY

28. Third party's name, address and occupation:

29. Name and address of the third party's employer:

30. Name and address of the insurance company
▶ of the third party:
▶ of his employer:

31. Name and address of the third party's lawyer:

32. Have the victim and the third party reached an amicable settlement? Yes No
▶ With the consent of the insurance company? Yes No

33. What does this amicable settlement consist of

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34. Has the victim filed a complaint against a third party?

▶ with the police? Yes No

▶ with the public Prosecutor? Yes No

35. Is the third party subject to legal proceedings? Yes No

36. Has the third party been put in default by the victim? Yes No

37. Has the victim claimed a compensation for the damage from the third party?

38. Has the victim already started legal proceedings against the third party?

Before which court or tribunal?

39. Will the victim start legal proceedings against the third party?

Certified as true and fair.

Beneficiary's signature or his agent's signature,

Done at on ____/____/____

Signature*

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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 on ___/___/___

Signature*

(1) Signatory's name, first name and address

(2) If the victim and the signatory are different persons, please mention the relationship with the insured person.

Example : of which my spouse Dupont Marie was the victim...

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(*) Both an electronic and a handwritten signature are allowed