



## ACCIDENT CLAIM

Aig-Assistance – Diving accidents abroad – Policy number: ARENA 2.009.718/010

**CALL CENTER 0032 3 253 69 16**

Fatal accidents: to be advised within 48 hours to NELOS-secretariat and ARENA. Other types of accidents: to be advised within 15 days to the secretariat together with the medical attest from the current year.

### PERSONAL ACCIDENT

NELOS secretariat – Brusselsesteenweg, 313-315 – 2800 Mechelen – Tel. 015 29 04 86 Fax 015 20 61 58

ARENA – Nerviërsaan 85 bus 2 – 1040 Brussel – Tel. 02 512 03 04 – Fax: 02 512 70 94 (Mrs. Inge Ghijssels)

### CLAIMANT/ INJURED PERSON

Name and surname: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex: male/female (\*) Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Office worker/Labourer/Self-employed/Public sector (\*)

Name and address of employer: \_\_\_\_\_

Qualification: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of last medical check-up \_\_\_\_\_

### DETAILS OF CLUB

Name: \_\_\_\_\_ Legal statute \_\_\_\_\_

Address: \_\_\_\_\_

Address secretariat: \_\_\_\_\_

### ACCOMPANYING DIVER(S)

**1** Name and surname \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Qualification: \_\_\_\_\_ Grade: \_\_\_\_\_

Function during the dive: Diveleader/support diver /Buddy (\*)

**2** Name and surname \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Qualification: \_\_\_\_\_ Grade: \_\_\_\_\_

Function during the dive: Diveleader/support diver/Buddy (\*)

**3** Name and surname: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Qualification \_\_\_\_\_ Grade: \_\_\_\_\_

Function during the dive: Diveleader/support diver/Buddy (\*)

### WITNESSES

**1.** Name/Surname/Telephone. \_\_\_\_\_

Address \_\_\_\_\_

**2.** Name/Surname/Telephone. \_\_\_\_\_

Address \_\_\_\_\_

(\*) Strike what does not apply.

## DETAILS OF ACCIDENT

## GENERAL

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Accident: diving accident / not directly a diving accident (\*)\_\_\_\_\_

If a diving accident: 1<sup>st</sup> dive / 2nd Dive (\*)

Did the accident happen during a club activity? yes/no(\*)

### Details of accident

Give details of circumstances in which the accident occurred.

If a diving accident: give full details of the dive including the depth – dive time and any decompression stops that were made.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If you require more space please add additional pages : Pages:\_\_\_\_\_number

(\*) Strike what does not apply.

Date: \_\_\_\_\_

Name and signature of claimant

## ATTENDING DOCTOR

Name and surname: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Member of Medical Diving Commission NELOS? yes /no (\*)

## GENERAL

Name of injured person's club: \_\_\_\_\_

When were you called to attend to the patient (date and time): \_\_\_\_\_

Remarks: \_\_\_\_\_

## NATURE OF INJURY

Give details of injuries or scars sustained : \_\_\_\_\_

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

Had the injured person scars or suffered from this condition before the accident: yes/no (\*)

Was the injured person previously involved in a diving accident : yes/no (\*)

If yes: - When and what were the nature of the injuries/scars: \_\_\_\_\_

\_\_\_\_\_

- Is this a recurrent condition? yes/no (\*)

## CONCLUSION

- Is the injured person wholly or partly unable to work? yes/no (\*)

If yes: - unable to work full time \_\_\_\_\_ days

If yes: - unable to work part time \_\_\_\_\_ days. Certify: \_\_\_\_\_

\_\_\_\_\_

- Was the intervention of a specialist necessary? yes/no (\*)

If yes give details: \_\_\_\_\_

\_\_\_\_\_

- Will the accident affect the injured person's ability to work: yes/no (\*)

If yes certify: \_\_\_\_\_

\_\_\_\_\_

**Doctor's stamp**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:**

(\*) Strike what does not apply

## LIABILITY OF THIRD PARTIES

If in the case of a personal accident a third party is involved:

Give the name and address of person involved and eventually the name of the insurance company where the latter is insured: \_\_\_\_\_

\_\_\_\_\_

## IN THE CASE OF CIVIL LIABILITY

The following sections should only be completed in cases of material damage or if injury to a third party has been inflicted

Please complete on the first page:

- The name of the injured person (or the person who caused the accident)
- The name of the club
- The names of witnesses (2)

### Damages

Details and estimate of the material damage: \_\_\_\_\_

\_\_\_\_\_

Details of personal injuries and scars: \_\_\_\_\_

\_\_\_\_\_

### RESPONSIBILITY

Who was responsible for the accident? \_\_\_\_\_

\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

### OFFICIAL REPORT

Has an official report been made? yes/no (\*)

By whom? \_\_\_\_\_

(\*) Strike what does not apply

### SIGNATURES

Signature secretary

Signature claimant/injured party

Signature of witnesses and /or fellow divers

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