Declare an accident for insurance (insurance via Danspunt)

For those insured via Danspunt - What to do in case of an accident? How do you declare an accident? Follow the steps below.

More questions?
Contact Lut Firlefyn
lut@danspunt.be

There are three phases in dealing with an accident.

1. Report the accident (and be complete)

In case of a physical accident, go to the doctor as soon as possible and send us (Danspunt) the completed accident report form immediately.
Take the following steps to report the accident:

1. Ask the person in charge of the dance group for an accident report form immediately.
2. Go to a doctor as soon as possible, preferably the same day or the day after. Take the accident report form with you.
3. Fill in the accident report form completely (all pages). Don't forget to have the medical certificate completed and signed by the doctor who treats you, or to have one attached.
4. Make sure that Danspunt receives the complete form including the medical certificate **within one month of the accident.** Send it to us by e-mail or post (Danspunt vzw, Sint-Salvatorstraat 18a, 9000 Gent).

Do not include any invoices for medical or other costs yet, you will be able to send these later.
Danspunt checks whether the report has been completed correctly and forwards it to the insurance company. **Please always send your reports only to Danspunt, and NOT directly to the insurance company.**
It is in your interest to make sure that all forms that you send us are **complete, and sent on time.** Incomplete or late reports may be rejected by the insurer.

2. Keep all documentation

Once a file has been opened by the insurer, make sure that you keep all the required documentation.
The settlement of your claim will proceed smoothly if you bear the following in mind:
Did you go to the doctor? Submit the 'testimonial of treatment' (*getuigschrift voor verstrekte hulp*) to your health insurance fund AND ask for a receipt, stating the numbers for the 'Sickness and Invalidity Insurance' rate, for payment of the medical fee.
Do you need medicine? Ask the pharmacist for a receipt with a statement of the medicines provided and the amount paid for them.
Do you need other assistance, such as a physiotherapist, home assistance, etc? Submit the 'testimonial of treatment' (*getuigschrift voor verstrekte hulp*) to your health insurance fund (*ziekenfonds*) and keep all original invoices.
Always approach your own health insurance fund first for the costs of doctors, consultations, etc. The Danspunt insurer will only deal with the medical costs remaining after the intervention of your health insurance fund.

3. Submit all documents to close the file

Are you cured? Wonderful news! Now your file can be closed.
To do so, we need the following documents:

- Proof of all the costs of the doctor, pharmacist, physiotherapist, etc., that you have not yet sent.
- A declaration of recovery (by the victim or a doctor)
- The overview from your health insurance fund

Send all these documents together to Danspunt by e-mail or post (Danspunt vzw, Sint-Salvatorstraat 18a, 9000 Gent).

Danspunt will send everything to the insurance company. The remaining costs will then be paid and the file will be closed.

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YOUR COACH IN SPORTS INSURANCE

Claim form "PERSONAL ACCIDENT"

Please return this claim form to : **DANSPUNT vzw - SINT-SALVATORSTRAAT 18a - 9000 GENT**

POLICY AND INSURED PERSON INFORMATION

Policy number : **P.A. 1.119.493** **DANSPUNT vzw**

Name of association/group ..... Ass. N° .....

Full name and address of guide(s) in charge of the association .....

.....

Telephone ..... Mobile .....

Email address .....

VICTIM'S INFORMATION

Full name of victim .....

Address .....

.....

Date of birth ☐☐/☐☐/☐☐☐☐ M ☐ F ☐ Occupation .....

Which activities was the victim doing when the injury occured : .....

Email address .....

IBAN N° ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ BIC N° ☐☐☐☐☐☐☐☐

If the victim is a minor, full name and address of the legal representative *(parent, guardian)* .....

.....

Occupation ..... Is there (in the future) any loss of salary due to the injury ? ☐ YES ☐ NO

CLAIM'S INFORMATION

Date of incident ☐☐/☐☐/☐☐☐☐ Day ..... Hour .....

Where did the claim occur .....

How exactly did it occur ? *(causes, circumstances, consequences)*
Draft *(if a road accident occured)*

.....

.....

.....

Please transmit the medical certificate (page 4) for completion by a medical practitioner.

During which activity did the incident occur ?

☐ Whilst participating at an activity
Exact location .....
.....
.....

☐ Way to/from an activity
☐ Individual ☐ transfer in group
Exact location .....
Means of transportation .....

If a non DANSPUNT-member is involved, full name and address of this third party victim .....

.....

Insurance company of above mentioned third party victim .....

..... Policy number .....

WITNESSES

1) Name and address of the witness(es) of the incident ……..

2) Should there be no witness, name and address of the person present at the time of the victim's condition and complaints Immediately after the incident ……..

3) In the absence of 1) and 2), when was the incident brought to your attention and by whom ? ……....

……

SUPERVISION

At the time of the incident, was there supervision by a leader of the group ? ☐ yes ☐ no

If yes, name and function of supervising person .....

.....

Is the incident caused by another DANSPUNT-member ? ☐ yes ☐ no

If yes, the person's name and address .....

.....

Age .....

Is the incident caused by a lack of equipment ? ☐ yes ☐ no

If yes, please clarify .....

.....

Has an observation been made by a reporting authority ? ☐ yes ☐ no

If yes, which one ? .....

Possible report number .....

DECLARATION MEDICAL DATA

Please fill in following column or put adhesive letter of your social security and sign following declaration regarding your medical information.

Subscriber's name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First name ☐☐☐☐☐☐☐☐☐☐

Social Security Company ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Registration number ☐☐☐☐☐☐☐☐☐☐

"In view of a smooth administration of the insurance claim and only for that purpose, I hereby give my special permission regarding the processing of the medical data concerning myself." (article 7 of the Belgian Law of December 8, 1992 concerning the private life). The victim also agrees to the following "Privacy Statement".

Draft made at ..... on (date) .....

SIGNATURE LEADER OF THE GROUP	SIGNATURE VICTIM / LEGAL GUARDIAN *(*)*
	Which moreover expresses to agree with above mentioned consent form and the privacy statement hereafter
	(*) The person who bears the parental responsibility for the child, younger than 16 years old

We manage your file on behalf of : AIG EUROPE SA - *Authorised and regulated by the Financial Market Authority (FMA)*

Do you need more information ?

Info@danspunt.be
T +32 9 269 45 30 (during working hours)
www.danspunt.be
DANSPUNT vzw – Sint-Salvatorstraat 18a – 9000 Gent

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YOUR COACH IN SPORTS INSURANCE

PRIVACY STATEMENT

Arena highly values your privacy and the protection of your personal data.
We do everything to guarantee the protection of your privacy and therefore carefully manages your personal data. This personal data is processed by Arena NV, with registered office at Boulevard Brand Whitlock 165 – 1200 Brussels (arena@arena-nv.be) in accordance with the General Data Protection and Regulation 2016/679 ("GDPR").

After having read our privacy statement, questions can be addressed to the person in charge of data protection at Arena through the address mentioned above.

Every member of your federation and / or club can benefit from the guarantees provided by Arena.
Arena collects your personal data for reimbursements requests, when you submit a declaration form "Physical accidents", " Civil liability" or "Legal aid". This personal data is processed for the execution of the insurance contract between Arena and your federation and / or club, more specifically for claims management.
Arena also processes personal data to recover benefits or to exercise its right of redress.
The following categories of personal data may be processed for the purposes described above: name, first name, address, date of birth, place of birth, gender, telephone and fax number, e-mail address, bank account number, nationality, national register number, profession, photos and URLs.
Arena also processes your health data, for which your explicit consent is requested via the declaration form.

We can transfer the provided information to third parties if this is necessary for the execution of the purposes set out above and we also take the necessary security measures.
Furthermore, we will not transfer your personal data to other third parties unless this is legally required and/or authorised, for example within the framework of a police investigation or judicial inquiry.
We do not transfer any personal data to parties located outside the EU.
Personal data is stored until the expiration of the legal retention period, in particular until the end of the tax and accounting obligations and the end of contractual liability.

You have the right to examine your personal data, to request a copy, an update or the erasure of incorrect / incomplete or irrelevant personal data, free of any charge. You can also oppose to the processing of your personal data (or a part thereof). We will ask you to identify yourself before we can respond to the above-mentioned requests.

The necessary technical and organizational measures have been taken to protect your personal data from unauthorized use. Arena has a Data Protection policy and on request, you can receive a free of charge copy. If you wish to exercise the abovementioned rights , you can send us a letter or an e-mail (see above) with a proof of your identity.

If you have a complaint about the processing of your personal data, we kindly ask you to contact us directly. Should the need arise, it is possible for you to file any complaint with the Data Protection Authority (DPA), Drukpersstraat 35 in 1000 Brussels (https://www.databeschermingsautoriteit.be/).

FEDERATION : **DANSPUNT vzw - P.A. 1.119.493** NAME OF ASSOCIATION/GROUP :	NEW CLAIM FORM	EXISTING CLAIM FILE File n° : .....

form for completion by a medical practitioner

MEDICAL CERTIFICATE

1) Name of the attending medical practitioner .....

   Adress .....

   Phone n° ..... E-mail .....

2) Name of the claimant .....

   Adress .....

3) Date of the incident ☐☐ / ☐☐ / ☐☐☐☐

4) When did you first attend upon the claimant in consequence of the injuries sustained ? (date and hour) ☐☐ / ☐☐ / ☐☐☐☐ at ☐☐ . ☐☐ hrs

5) What injuries were sustained ? (regions injured / nature and extent of injuries)

.....

.....

.....

.....

- Does it concern an acute traumatic injury ? ☐ yes ☐ no
- Is there an anamnesis ? ☐ yes ☐ no
- Could the injury be traceable to any other cause such as an accumulation of a serie of incidents/traumas or a predisposition ? ☐ yes ☐ no
- Observations : .....

6) Probable duration of the medical treatment .....

7) Will the claimant be unable to attend partially or totally to his usual business or occupation ? ☐ yes ☐ no

   - Totally during ..... days.
   - Partially during ..... days.

8) Is there the necessity of a further examination by a specialist or an X-ray examination ? ☐ yes ☐ no

   - If so, by whom ? .....

9) Will the incident cause a permanent disablement or may one expect a full recovery ?

.....

PREVIOUS MEDICAL HISTORY

10) Did the claimant at the time of the incident have any physical defect of infirmity or was he subject to or suffering from any illness of desease irrespective of his injuries ?

.....

11) Are you aware of anything in the claimant's previous medical history which might have contributed directly or indirectly to the occurrence of the incident or which may be likely to retard in any way his recovery from it (p.e. previous incidents or complaints i.r.o. similar injuries as those caused by the incident ?

.....

Could this incident possibly be a recurrence ? .....

Dated at .....

On ☐☐ / ☐☐ / ☐☐☐☐

Signature and seal of the medical practitioner