



# Claim form

## Accident

### Obligation in case of an accident:

- In the event of **death** underwriters must be notified as soon as possible, but at the latest within 36 hours before the funeral or cremation, by telephone or email.
- When **permanent disablement** is to be expected, notification of this must be made in writing as soon as possible.

### Policy number:

#### Data employer (if applicable)

Name	Contact within the company
Address	Telephone
Postal code / Residence / Country	Email

#### Data involved person

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Date of birth
Postal code / Residence / Country	Email
Telephone	
Profession	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Registered partnership

#### 1. Event

Where did the accident take place?

Address

Postal code / Residence / Country

When did the accident take place?

Date	Hour
<input type="checkbox"/> Private time	<input type="checkbox"/> Work time

#### 2. Exemplification

Please give a clear description of the event as well as an indication of the cause of the accident

#### 3. Outcome

In case of injury: nature of the injury?

In case of death: the cause of death?

#### 4. Involved vehicle (if applicable)

<input type="checkbox"/> Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped	Brand	Licence plate number
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#### 5. Questions about the vehicle (if applicable)

Place of the involved person in or on the vehicle	<input type="checkbox"/> Front seat	<input type="checkbox"/> Back seat	<input type="checkbox"/> Ahead	<input type="checkbox"/> On the back
Was the involved person the driver of the vehicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Did the involved person wear a safety belt during the accident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	
Did the involved person wear a helmet during the accident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	

#### 6. Police

Has a police report been drawn up?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, by police officer / Police station
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#### 7. Witnesses

Names and addresses of possible witnesses

#### 8. Medical treatment

On which day and at what time was at first medical aid granted?

Is the involved person still under regular medical treatment?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Duration of the treatment (estimated)?

On which day the work was stopped?

According to the attending physician, is there a chance of permanent disablement?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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What are the current complaints of the involved person?

## 9. General

Is there any information, which might be of importance for the assessment of this accident?

Is the accident according to the involved person the fault of a third party? ☐ No ☐ Yes, namely

Is the involved person insured against accidents with another company? ☐ No ☐ Yes, by company

Is there a car passengers insurance? ☐ No ☐ Yes, by company

## Privacy, (sanctions) laws and regulations

Underwriters process your personal data in accordance with applicable legislation and regulations, such as the General Data Protection Regulation and the General Data Protection Regulation Implementation Act, and also comply with the Code of Conduct for the Processing of Personal Data by Financial Institutions. This code of conduct can be requested via <http://www.verzekeraars.nl>.

Underwriters are the Controller.

Any personal data provided when submitting a claim are processed by the underwriters for the purpose of:

- performing agreements and, within that context, handling your claim;
- compliance with statutory requirements;
- conducting statistical and scientific analyses;
- conducting fraud checks and compliance with (sanctions) laws and regulations by means of the FISH databank and the Compliancy Check;
- providing insight (including for other insurers) of all (neutral) claims by means of the Foundation CIS ([www.stichtingcis.nl](http://www.stichtingcis.nl)).

To properly perform their work, the underwriters are affiliated with the Central Information System Foundation (CIS) in The Hague. The objective of the Foundation is to collect and store insurance data for insurance companies and authorised agents to combat fraud and crime. To achieve this goal, affiliated parties may also exchange data among themselves.

If you notify a claim, we always record the data of this incident and your personal data with the Foundation CIS. It does not matter if the incident is caused by you. Do we end your insurance when you committed fraud or you did not meet your contractual obligations, for instance did not pay your premium? Then we can record this data along with your personal data with the Foundation CIS. If we do, we will inform you accordingly. In this way we want to keep risks manageable and counteract fraud. More information and the Privacy policy of the Foundation CIS can be found at [www.stichtingcis.nl](http://www.stichtingcis.nl).

Underwriters may process data about your health or your criminal record. In that case, Underwriters will comply with applicable rules.

Underwriters may, in some cases, engage other parties to provide services relating to the application for, amendment or performance of the insurance contract. For more information on which third parties may receive your personal data, please refer to our privacy statement at [www.hienfeld.nl](http://www.hienfeld.nl).

You may inspect, modify or even transfer the personal data we process. For more information about the personal data we process about you, the purposes, the applicable retention periods and your rights, please visit the privacy statement at [www.hienfeld.nl](http://www.hienfeld.nl). There you will also find more information about the Data Protection Officer of the Underwriters.

## Signing

The undersigned herewith declares that all foregoing information is in all respects complete and correct.

Place

Date

Digital signature

- by ticking ☐
- by certificate

or signature (after printing)

## Sending

After completing and signing this form, please send to W.A. Hienfeld B.V. to the attention of claims department, P.O. Box 75133, 1070 AC Amsterdam, The Netherlands or (scan and) email to [schade@hienfeld.nl](mailto:schade@hienfeld.nl).