

# 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 Secretariaat - Brusselsesteenweg, 313-315 - 2800 Mechelen - Tel. 015 29 04 86.

ARENA NV– Brand Whitlocklaan 165, 1200 Brussel - Tel. 02 512 03 04 (Mss. Inge Ghijssels).

Vrijblijvend kan je een beroep doen op het Mental Coaching Team van NELOS en dit via [mental.coaching@nelos.be](mailto:mental.coaching@nelos.be) of telefonisch via het centraal aanmeldpunt: +32 15 79 34 34

### Claimant / Injured person

Name and surname: _____
Address: _____
Telephone: _____ Sex: M/F (*) Date of birth: _____
Occupation: _____ Office worker/Labourer/Self-employed/Public sector (*)
Name and address of employer: _____ _____
Qualification: _____ Grade: _____ Date 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: Dive leader/Support diver/Buddy (*)
2. Name and surname: _____
Address: _____
Telephone.: _____ Qualification: _____ Grade: _____
Function during the dive: Dive leader/Support diver/Buddy (*)
3. Name and surname: _____
Address: _____
Telephone.: _____ Qualification: _____ Grade: _____
Function during the dive: Dive leader/Support diver/Buddy (*)

(\*) Strike what does not apply



# MEDICAL ATTEST

## 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 and severity of the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 was the nature of the injuries/scars: \_\_\_\_\_  
- Is this a recurrent condition? yes/no (\*)

## Conclusion

Is the injured person wholly or partially 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

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

Please complete in the first page:

The name of the injured person (or the person who caused the accident)

The name of the club

The name 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 has been made? Yes/No (\*)

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

(\*) Stroke what does not apply

### Signatures

Signature secretary

Signature claimant/injured party and/or fellow divers

Signature of witnesses