VIVIUM

Please return this document
- by email to:
  protection@vivium.be
- by letter to:
  Vivium
  FAO Consulting Physician (IP 0190)
  Desguinlei 92
  2018 Antwerpen

Report of illness / accident / pregnancy / childbirth - PART I

Insured Party's Declaration

Under which policy do you wish to make a claim?

O Individual policy no. _ _ _ _ _ _ _

O Group insurance policy no. 530/ _ _ _ _ _ _ / _ _ _ _

Your file information (To be completed by Vivium)

Claim number:

Our reference:

The insured

Surname: First name:

Sex: O Male O Female Date of birth _ _ / _ _ / _ _ _ _ National registration number _ _ . _ _ . _ _ - _ _ _ . _ _

Street: Number: Box:

Postcode: City:

Telephone/Mobile: E-mail*:

Statute: O Self-employed

O Employee - Name and address of employer:

Occupation:

Job description:

Insured party's account number: IBAN _ BIC _ _ _ _ _ _ _ _

Enter only if it concerns an individual policy

Policyholder's account number: IBAN _ BIC _ _ _ _ _ _ _ _

*Will only be used for communication in the context of handling the claim and will not be shared with any third parties.

● Illness

When did you first become aware of the symptoms of the condition and what were the symptoms?

Are there any present or past illnesses, disabilities or conditions that may have contributed (in)directly to your condition or could impede your recovery? O No O Yes - If so, please specify.

Do you have any other similar insurance policies? O No O Yes - If so, please specify which insurers, policies and amounts.

● Pregnancy and childbirth

Due date _ _ / _ _ / _ _ _ _

Are there any complications? O No O Yes **If 'No', Part 2 – Medical Certificate does NOT need to be completed**

Maternity leave from _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _ Date of childbirth _ _ / _ _ / _ _ _ _

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● Adoption leave OR ● Foster parent leave

From _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _ included

Part 2 does NOT need to be completed.

● Accident

Type of accident: O Occupational accident (including when travelling to/from work) O Personal accident

Date, time and place of the accident _ _ / _ _ / _ _ _ _ at ,in

Detailed description of the accident:

Injuries:

Judicial authorities issuing a report, with possible report number:

Name and address of the party responsible, if any. Please also include her/his insurer and insurance policy number:

Do you have any other similar insurance policies? O No O Yes - If 'Yes', which insurers, policies and amounts?

Information concerning the protection of personal data

In its capacity as Data Controller, P&V Verzekeringen cv/P&V Assurances sc, with its registered office at Rue Royale/Koningsstraat 151, 1210 Brussels, will collect and process the personal data required for drawing up and managing the policy and for handling a claim. This data will be processed with the greatest discretion and only by persons who are authorised to do so.

The data is processed in accordance with the applicable regulations on privacy, in particular Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data, and on the free movement of such data, and repealing Directive 95/46/EC (GDPR).

We request your explicit consent for the processing of your health data. You can withdraw this consent at any time. In that case, you declare you are aware that P&V may be unable to follow through on any application that requires the processing of health data.

The general terms and conditions of your group insurance provide more information on data processing. You can consult our general privacy policy at www.vivium.be/privacy.

Any complaints can be submitted to the Data Protection Authority, Rue de la Presse/Drukpersstraat 35, 1000 Brussels, authority@apd-gba.be.

Information concerning support with the recovery process for employees with group insurance

As resuming your activities is not always easy, additional support from an independent external expert can have a positive impact on your recovery process and return to work. This is why Vivium has joined forces with various partners who specialise in providing such support.

Vivium will decide whether you qualify for this support based on the elements in your file. Vivium will then put you in touch with one of these external partners, who will provide you with individual, personalised support during your recovery. This offer is free of charge with no obligation and focuses primarily on stress-related conditions such as burnout. If you consent below to sharing your contact details with said partner, you will first be contacted by phone, at which point you can freely decide whether you wish to make use of this additional support.

O *Yes, you may pass my contact details on to an external independent expert. I am entitled to cancel the support at any time. The external partners guarantee strict confidentiality and respect for professional secrecy.*

O *No, my contact details may not be passed on.*

By signing this document you agree, on your own behalf and on behalf of the persons you represent or who represent you, to P&V Verzekeringen cv/P&V Assurances sc processing your health data. You must inform all persons involved of this. This processing is required to assess risks and to manage the contracts and related claims.

Prepared in on _ _ / _ _ / _ _ _ _

Signature of the insured,

VIVIUM

Please return this document
- by email to:
  protection@vivium.be
- by letter to:
  Vivium
  FAO Consulting Physician (IP 0190)
  Desguinlei 92
  2018 Antwerpen

Report of illness / accident / pregnancy / childbirth - PART 2

Medical Certificate (to be completed by the consulting physician)

(Part 2 is NOT required in the event of a pregnancy or childbirth without complications)

Person to whom the claim relates

Surname and first name:

● Diagnosis in the event of illness/pregnancy with complications

Precise and full diagnosis:

Is surgery necessary? O No O Yes - If so, please specify.

Are there any present or past illnesses, disabilities or conditions that may have (in)directly contributed to the current condition or could impede recovery? O No O Yes - If so, please specify.

● Diagnosis in case of an accident

Detailed description of the injuries:

Do you think that the injuries are the result of the accident? O No O Yes

Is surgery necessary? O No O Yes - If so, please specify.

Are there any present or past illnesses, disabilities or conditions that may have (in)directly contributed to the current condition or could impede recovery? O No O Yes - If so, please specify.

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Incapacity for work

Start date of the incapacity for work _ _ / _ _ / _ _ _ _

Estimated term of incapacity for work:

Currently prescribed period of incapacity for work:

- Total between _ _ / _ _ / _ _ _ _ and _ _ / _ _ / _ _ _ _ (included)

- Partial between _ _ / _ _ / _ _ _ _ and _ _ / _ _ / _ _ _ _ (included)

When do you think the affected party will be able to return to work? On _ _ / _ _ / _ _ _ _

If the affected party has already returned to work, please state the date here _ _ / _ _ / _ _ _ _

Hospitalisation

Hospital name and address:

Reason for admission:

Date of admission _ _ / _ _ / _ _ _ _ Date of discharge _ _ / _ _ / _ _ _ _

Signed in on _ _ / _ _ / _ _ _ _

Signature of the attending physician + stamp,