SUKELTAJA

DAN DIVERS ALERT NETWORK EUROPE

DAN EUROPE ACCIDENT CLAIM FORM

To ensure that a claim is dealt with and evaluated promptly please send the following documents as soon as possible:

1. The present DAN Europe Accident Form filled out by the insured member
2. Copy of medical report/s detailing the diagnosis
3. Copy of payments receipts/estimated costs

> For requests of direct payment to the hospital for the medical costs, documents need to be emailed to: emergency@daneurope.org

> For reimbursement requests documents need to be emailed to: claims@idassure.eu

INSURED MEMBER DETAILS

NAME	SURNAME	INSURANCE NUMBER
PHONE CONTACT	EMAIL CONTACT	DATE OF BIRTH

ACCIDENT OCCOURED WHILE

- ☐ SCUBA DIVING
- ☐ FINSWIMMING
- ☐ UNDERWATER PHOTOGRAPHY
- ☐ OTHER ______
- ☐ FREE DIVING
- ☐ UNDERWATER ORIENTEERING
- ☐ SNORKELLING
- ☐ UNDERWATER RUGBY
- ☐ SPEARFISHING
- ☐ DRY TRAINING

ACCIDENT DETAILS

DATE OF ACCIDENT	APPROX HOUR OF ACCIDENT
PLACE OF ACCIDENT (SITE)	COUNTRY OF ACCIDENT

SHORTLY DESCRIBE THE EVENTS THAT LED TO THE ACCIDENT:

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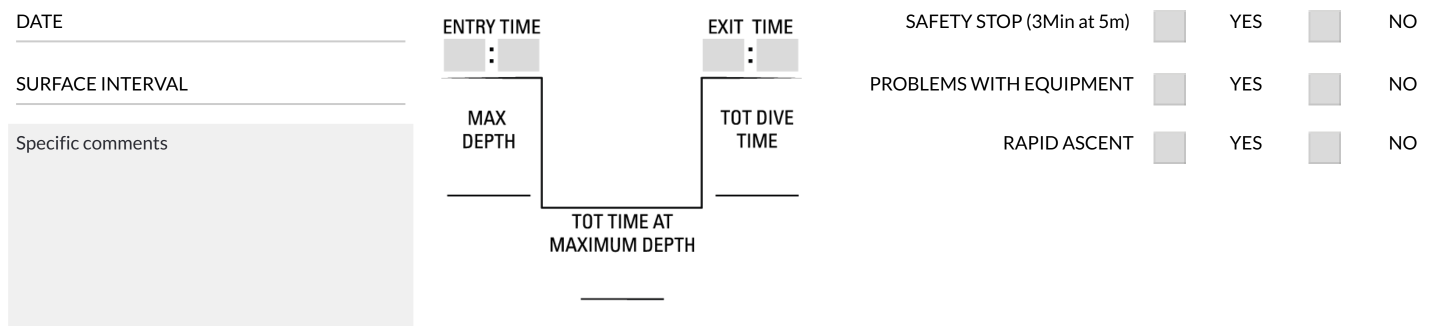
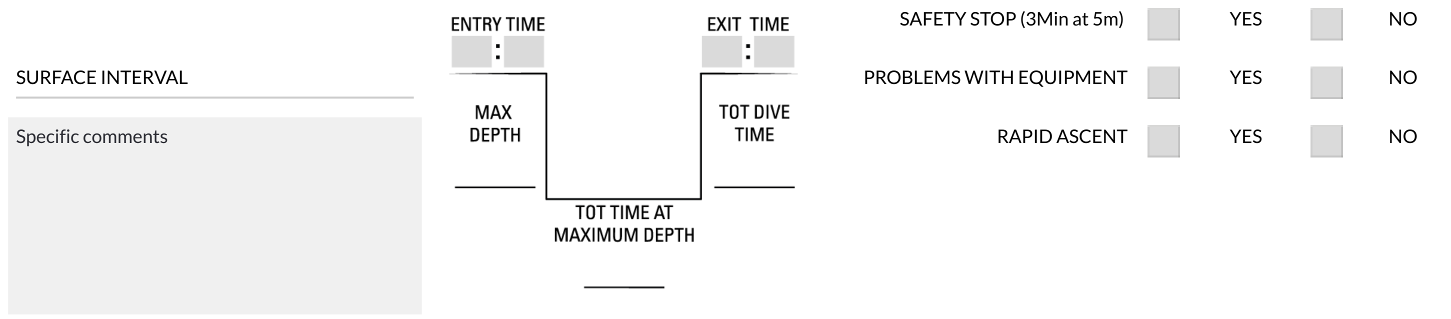
COMPLETE THIS SECTION **ONLY** FOR SCUBA DIVING ACCIDENTS

CERTIFICATION LEVEL	CERTIFICATION AGENCY	DIVER SINCE (YEAR)
APPROXIMATE TOTAL NUMBER OF DIVES DONE	CONSECUTIVE DIVE DAYS BEFORE THE ACCIDENT	TOT NUMBER OF DIVES DONE IN THOSE CONSECUTIVE DAYS
TOT NUMBER OF DIVES DONE ON THE ACCIDENT DATE	BREATHING GAS	BREATHING APPARATUS
DIVE COMPUTER USED	ELECTRONIC DIVE LOG AVAILABLE	

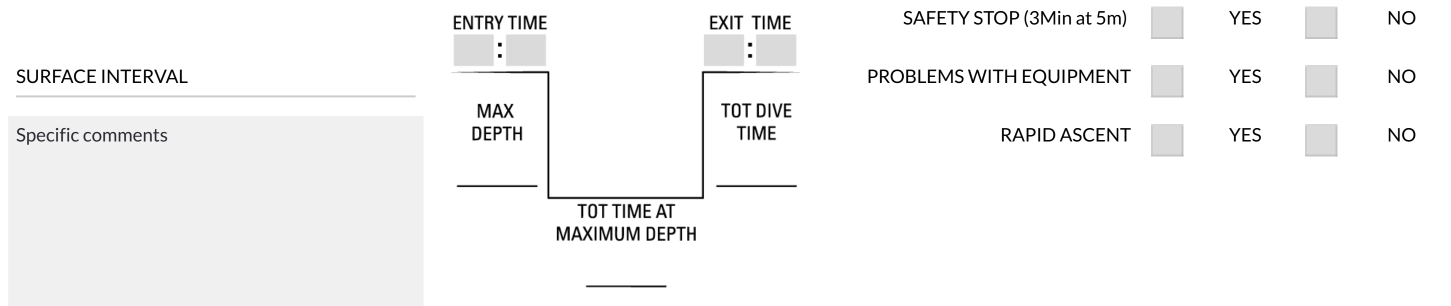
First Dive



Second Dive



Third Dive



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HOSPITAL – CLINIC – DOCTOR (DETAILS)

NAME OF FIRST MEDICAL STRUCTURE OR DOCTOR

EMAIL CONTACT

PHONE CONTACT

NAME OF SECOND MEDICAL STRUCTURE OR DR (IF ANY)

EMAIL CONTACT

PHONE CONTACT

ESTIMATED COSTS - OR – PAID RECEIPT

ADDITIONAL MEDICAL PRIVATE INSURANCE (IF ANY)

INSURANCE NAME

POLICY NUMBER

PHONE CONTACT

EMAIL CONTACT

CLAIM NUMBER REFERENCE
(IF SAME ACCIDENT WAS NOTIFIED TO ADDITIONAL INSURANCE)

I declare that to the best of my knowledge and belief the statements made on this form are true and complete.

Signature

Date

Important Data Protection Notice

The Insurer and its affiliates process personal data in accordance with the provisions of the applicable Data Protection legislation and accordingly accept your authorization to process such data for the following purposes or for any other purpose not incompatible or inconsistent with this legislation:

i. Updating records (manual or electronic) of the Insurer and/or its affiliates;
ii. Administering your insurance policy, underwriting, handling and settling of claims, detecting, preventing and suppressing of fraud and keeping statistics on an anonymous basis;
iii. Transferring data between the Insurer and its affiliates, including VING Insurance Brokers Ltd and Divers Alert Network (DAN) Europe;
iv. Obtaining medical information about you and accordingly accepts your authorization for any doctor, hospital, laboratory or other insurance provider to disclose full information about you to the Insurer and/or any of its affiliates;
v. Informing you, without being obliged to do so, of any new services provided by us or any changes in the law, policy or practice which may be of interest to you by email, fax or other electronic means.

You also declare that you understand that you have the right to request access to your personal data. Please contact IDA Ltd – Claims Department in writing for any further information.