

DECLARATION IN THE EVENT OF A NON-PROFESSIONAL ACCIDENT (Including home-workplace journey)

Life and Disability group insurance policy MGEN Vie no.: **no. MGENIB1100432NNP – Non-professional accidents Insurance**

Insurance coverage concerned: **Unlimited treatment expenses** **Lump sum in case of death** **Lump sum in case of disability**

MGEN Vie claim number (to be completed by MGEN Vie): _____

1. POLICYHOLDER

AMFI-GPAFI

Phone number: +4122 799 99 99

Palais des Nations

Email: gpafi@un.org

1211 Geneva 10

2. INSURED MEMBER

Last name: _____

First name: _____

Date of birth: ____/____/____

Home address: _____

Private phone number: _____

Email: _____

Bank details of the Insured Member together with the bank account details (BIC) ():*

Your bank account number (IBAN): _____

Name and full address of the bank: _____

Bank Swift Code: _____

() to be filled in only for the payment of the disability lump sum or the reimbursement of treatment costs.*

2BIS. REPORTING PERSON (AUTHORIZED PERSON OR LEGAL REPRESENTATIVE OF THE INSURED MEMBER)

Attention: if the Insured Member's state of health does not allow him/her to complete the accident declaration form, it must be completed by an authorised person or a legal representative whose identity must be indicated below:

Relationship with the Insured Member: _____

Last name: _____

First name: _____

Date of birth: ____/____/____

Home address: _____

Private phone number: _____

Email: _____

3. ACCIDENT

a. Date of the accident

Day: _____ Month: _____ Year: _____ Hour, minute: _____

b. Details of the accident

i. Place of the accident

Where did the accident occur (place, location)

ii. Findings

Who made the findings?

iii. Description of the accident (*)

Activity at the time of the accident, circumstances of the accident, persons involved, machines, objects, vehicles, products involved in the accident

iv. Has an investigation been carried out?

Yes No

Name(s) of witness(es)?

Have they been heard? Yes No

v. Injuries

Part of the body affected (left/right)

Nature of the injury

(*) You can fill in the description of the accident on plain paper and attach it to your accident declaration.

c. Disability (to be filled in only for a declaration of invalidity)

When did the work stop?

Day: _____ Hour: _____

If work was resumed, on what date?

full-time part-time _____ %

d. Information about doctors

First aid by (doctor, hospital, clinic)

Following treatment by (doctor, hospital, clinic)

e. Other insurance (to be filled in only for a declaration of disability)

Is there any other insurance for this claim (accident, health and/or liability insurance)? Yes No

If yes, which one (mention the address)? _____

4. PERSONAL DATA PROTECTION

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (known as the "General Data Protection Regulation"), you have the right to access, rectify and delete your personal data. Where consent is required for processing, you have the right to withdraw it. Under certain regulatory conditions, you have the right to request the limitation of processing or to object to it. Any request to exercise these rights may be addressed to the Data Protection Officer of the VYV Group, Tour Montparnasse - 33, avenue du Maine - BP 245 - 75755 Paris Cedex 15 - dpo@groupe-vyv.fr.

Health data, the processing of which is necessary for the performance of obligations specific to MGEN Vie and exercise of the rights of the insured persons themselves may be processed in connection with the conclusion, administration, and execution of the said contract. This data is intended exclusively for GPAFI and the medical advisor of MGEN Vie. The exercise of these rights is carried out by mail, to the attention of the medical advisor: gpafi@vyv-ib.com.

5. ACCEPTANCE OF THE MEMBER OR THE REPORTING PERSON

By his/her signature below, the Insured Member or the reporting person, as the case may be, gives his consent to the processing of his/her personal data, and those of the Insured Member where applicable, in particular those related to health, which are necessary for the administration and execution of the insurance contract, and insofar as such processing is required to determine the accidental nature of the claim and to proceed with the settlement of benefits. He/she may withdraw his/her consent at any time, without such withdrawal affecting the lawfulness of the processing, prior to the withdrawal, based on the consent.

6. WHERE TO SEND THE NON-PROFESSIONAL ACCIDENT DECLARATION FORM?

For your claim to be considered, please ensure that you have answered all the questions asked and signed the accident declaration form. This should then be sent to GPAFI, together with all supporting documents related to the accident, to the following addresses:

By email: gpafi@un.org

or

By post: GPAFI, Palais des Nations, 1211 Geneva 10, Switzerland.

The accident report will be sent by GPAFI to the Medical Claims Service of the insurer, VYV International Benefits (VYV IB), 3-7 Square Max Hymans, 75648 Paris Cedex 15, which will acknowledge receipt and give you a file number.

Any additional supporting documents that may be requested by VYV IB must be sent directly to it by e-mail at the following address: gpafi@vyv-ib.com.

Place and date: _____

Signature of the Member or the reporting person

GPAFI official stamp: