

REGISTRATION FORM FOR INDIVIDUALS

1. **Data of the adult filing the accident claim:**

All fields marked with an asterisk () are mandatory.*

a. Identity

First name(s) * _____

Name * _____

Date of birth (dd/mm/yyyy) * _____

Place of birth * _____

Nationality * _____

b. Legal address and other contact data

Street * _____

Number * _____ Box _____

Zip code * _____

City * _____

Country * _____

Phone or mobile phone * _____

E-mail address * _____



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2. **Information regarding the VICTIM:**

This part of the form concerns only victims.

If there is more than one victim, please fill in this part of the form multiple times.

All fields marked with an asterisk () are mandatory.*

a. Identity of the victim

First name(s) * _____

Name * _____

Date of birth (dd/mm/yyyy) * _____

Place of birth * _____

Nationality * _____

b. Legal address and other contact data

Street * _____

Number * _____ Box _____

Zip code * _____

City * _____

Country * _____

Phone or mobile phone * _____

E-mail address * _____

c. Damage suffered

(1) Bodily injury *: → Yes No

(2) Material damage *: → Yes No

(3) Consequential damage due to bodily injury and/or material damage *: → Yes No

(4) Costs and/or consequential damage caused by the proclaimed preventive measures *: → Yes No



PRIVACY NOTICE

Regulation (EU) 2016/679 of the European Parliament and of the Council 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: General Data Protection Regulation)

As provided for in the General Data Protection Regulation (GDPR) we inform you with respect to the objective for which we collect your personal data, who collects the data, how the data is processed, for how long the data is retained and how you can consult the data, have it corrected or have it erased.

The personal data we ask you to provide are only intended to be able to settle the damage that you have suffered in the context of an accident which arises under the law on civil liability in the field of nuclear energy of 22 July 1985 in terms of insurance.

This data is collected by SYBAN either through your contribution on our website, or through the data that you have provided to us by sending the claim registration form, or through the data communicated orally to the Call Center.

The data is only processed by SYBAN staff or by call center operators. For the latter, as provided for in the GDPR, a processing agreement has been concluded between SYBAN and the Call Center.

The data will be included in the SYBAN general file in connection with this accident. SYBAN will then communicate your data to the insurer who will process the claim and enter them into its internal system in accordance with GDPR requirements. The insurer will contact you regarding the damage suffered. We may also use this data to provide you with information or send you a communication that concerns you.

The insurer who will process your claim as well as the registration number will be provided to you on the website or by the call center operator when your data enters the system. If the data provided contains your e-mail address, you will also receive an e-mail with this information.

SYBAN will retain your data for a period which is not longer than necessary for the objective for which the data is collected. From the moment that the possibility of entering new claims for an accident has passed, your data will be erased provided that your claim is closed (including legal actions) and that the necessary data has been processed anonymously for statistics.

You have the right to consult your personal data stored in the SYBAN general file, have it corrected or have it erased. Erasure is subject to legal restrictions and may result in the processing of your claim being stopped. Requests must be made in writing - dated, signed and accompanied by a copy of both sides of the identity card - to:

SYBAN

BP 10.000

Chaussée d'Ixelles 27

1050 IXELLES

You can also address these requests to the insurer which handles your claim according to the terms and conditions transmitted during your mutual contacts or as mentioned on its website.

You can also submit a request to the Data Protection Authority at the following address: Rue de la presse 35, 1000 Brussels or www.dataprotectionauthority.be.

Warning

Any fraud or attempt to fraud that we could suffer from, will lead to the recovery of the payments possibly made by us, as well as to penal prosecution on the basis of Article 496 of the Penal Code.

