UV INSURANCE

INDIVIDUAL INSURANCE

Claim Request - Accidental Fracture

EQC028

Claimant's Statement

Important: Please fill out in block letters and complete each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to obtain, from the attending physician, information about the accident suffered by the insured person. This includes accessing personal information related to the insured person's health status and medical history held by the attending physician, the medical facility where the records are kept or any government agency.

The personal information is used to:

- Identify the individual
- Initiate or continue a claims process
- Comply with legal and regulatory requirements (in particular to prevent, detect or prosecute offences, cyber threats and fraud)

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Identification of the Injured Person

1. Contract no. _____
2. First name _____ Last name _____
3. Primary address _____

   City _____ Province _____ Country _____ Postal code _____
4. Phone ___ ___ - ___ ___ Ext. _____ 5. Date of birth Y ___ ___ M ___ ___ D ___ ___

Section C – Details of the Accident

1. Date of accident Y ___ ___ M ___ ___ D ___ ___ Time of accident _____ Location of accident _____
2. Is this an accident that occurred:
   - ☐ At work
   - ☐ In a motor vehicle If **Yes**, were you the ☐ Driver ☐ Passenger
   - ☐ While playing sports If **Yes**, were you being paid to play this sport? ☐ Yes ☐ No
   - ☐ Other (please specify) _____
3. Description of the circumstances of the accident

   _____
4. Had you consumed alcohol before the accident? ☐ Yes ☐ No If **Yes**, how many drinks? _____

Important: Attach a copy of the medical imaging report.

Section D – Consent and Signature

By signing, you understand that in the event any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by contacting the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ _____ Date Y ___ ___ M ___ ___ D ___ ___

Contractholder's signature | Signatory'a name in block letters