DOCUMENT TO BE RETURNED COMPLETED AND SIGNED
to ADESIO Assurances asbl
Chaussée de Marche 604 – 5101 Erpent
Tel: 078/150154 – sinistre@adesio.be

SURNAME AND FIRST NAME OF THE VICTIM:.....

DATE OF THE ACCIDENT: .....CLAIM REF.:.....

School : ....

Policy no. : ....

"ATTESTATION D'INTERVENTION MUTUELLE"
[CERTIFICATE OF MUTUAL INVOLVEMENT]

TO BE COMPLETED BY THE MUTUAL INSURANCE COMPANY

The undersigned (surname and first name) .....

.....

declares that the mutual insurance co. ..... has been involved in the costs incurred by the accident referred to opposite up to the sums specified below:

TO BE COMPLETED BY THE POLICYHOLDER

Surname and first name of member .....

.....

Address:.....

Tel:.....

mutual ins. company registration no. .....

Name of care providers (doctor, ambulance, clinic)	No. and **date** of service or invoice	Involvement of the Mutual Insurance Company	Actual amount of expenses	Balance payable by the member	Pharmaceutical expenses (attach documentary evidence (Form 704 F.))

Signature of representative and stamp of the Mutual Insurance Company

Date..... 20…

The undersigned asks the insurance company to kindly pay the amount of its involvement by transfer to account no.

Date and signature

NB: The original invoices, treatment certificates and detailed receipts of all the expenses claimed above must be attached to this document.