

DATE TO BE SUPPLIED:

CHECKLIST PERSONAL INJURY	
<b>I. GENERAL</b>	
<b>VICTIM</b>	<b>PARTNER</b>
Name:	Name:
Date of birth:	Date of birth:
Address:	Address:
Zip code:	Zip code:
Residence:	Residence:
Profession:	Profession:
Sex:	Sex:
Date of accident:	Indication of income (in case of allowance):
Marital status: Married / unmarried / single / living together (*)	
<b>CHILDREN</b>	
Name child 1:	
Date of birth child 1:	
Name child 2:	
Date of birth child 2:	
Name child 3:	
Date of birth child 3:	
Name child 4:	
Date of birth child 4:	

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II. DATE OF INCOME			
VICTOM	check	VICTOM	check
SITUATION BEFORE / WITHOUT INCIDENCE		SITUATION AFTER INCIDENCE	
<b>a. In case of salaried employment:</b>		<b>a. In case of salaried employment:</b>	
Pay slips from one year before incident until the incident		Pays slips from incident until the last received (possibly more employers)	
Was there a collective labor agreement, and if so which one?		Is there a collective labor agreement, and if so which one?	
Was there a pension accrual? If so, than the pension letter from the incident year		Is there a pension accrual? If so, than the last received pension letter	
Annual statement from one year before incident until incident year		Annual statement from year of incident until now	
		Any statement of changes in the working hours	
<b>b. In case of entrepreneurship:</b>		<b>b. In case of entrepreneurship:</b>	
annual statements from two years before the incident until the incident		annual statements from incident until now	
<b>c. Tax information</b>		<b>c. Tax information</b>	
Income tax returns from two years before incident until the incident year		Income tax returns from year of incident until now	

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<b>d. Benefit details</b>		<b>d. Benefit details</b>	
Was there an income like WW (unemployment law), ZW (sickness law), WIA (disability benefit) or others? If so, than the letters where the benefit has been awarded.		Was there an income like WW (unemployment law), ZW (sickness law), WIA (disability benefit) or others? If so, than the letters where the benefit has been awarded.	
		Is there an supplement to the disability benefit? Than the letters where the supplement had been awarded.	
<b>III. OWENER-OCCUPIED HOME DATA (in case of a rental home, you can skip this part)</b>			<b>check</b>
Amount of mortgage debt:		€	
Kind of mortgage:		interest-only / annuity / linear*	
Interest rate:			
Effective date and term:			
If there is a pledged insurance on the mortgage or a savings component, then submit the policy/agreements			
In case of annuity / linear: submit details regarding repayment			
<b>IV. OTHER INCOME DATA</b>			<b>check</b>
Decisions of any allowances (healthcare allowance, rent allowance, child budget and/or childcare allowance)			
If there are other income components (e.g. annuity), please submit the documents (policies, insurance sheets)			
<b>V. OTHER COMPONENTS</b>			<b>check</b>
Please state the damage components that must be included in the calculation, such as domestic help, self-motivation, etc.			