



Of what nature are the injuries ?

.....  
.....  
.....

**I confirm by my signature that these statements were made in good faith**

.....  
Place and date

.....  
Signature of insured person preceded by «Read and approved»

LALUX Assurances will handle the insured's personal data in accordance with the Personal Data Protection Policy available at:  
<https://www.lalux.lu/en/data-protection-1-1674823498/data-protection-policy>

**TO BE ATTACHED TO THIS DECLARATION**

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- Report established by local authorities (only in case of accident)
- In case of death caused by accident: Certificate of death