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Fonds de Garantie, 64 rue DeFrance, 94682 Vincennes Cedex

**Act of terrorism
COMPENSATION CLAIM FORM**
(to be completed and returned by the victim)

Please complete the document, date and sign it and enclose a copy of your initial medical certificate. Where appropriate, also enclose a copy of your medical certificate of stabilisation, a copy of your ID card or passport and your bank account details.

Identity

- Surname and forename: ▪ Date of birth:
- Maiden name:..... ▪ Place of birth:
- Marital status ▪ Nationality:
- Address:
.....
- ☎ Landline: Mobile:
- E-mail:

Information regarding the act of terrorism

- Date of the event:
- Location of the event (municipality, region, country):
- Any particulars that you would like to provide:
.....
.....

If you have filed a complaint

Please enclose copies of the record of your complaint and your statement to the police if you received one.

Description of losses

Profession: (if unemployed, enclose sick pay and unemployment benefit payment slips)

YOUR STATUS:

Salaried

Self-employed

Are you losing salary?

Yes

- Total net salary lost (enclose your payslip for the month before the event and an employer's certificate of net salary lost):
- Total sick pay received (enclose payment slips issued by your national insurance organisation):

No, I am still receiving my salary (employer or mutual insurance scheme)

To be determined subsequently

- Total income losses (enclose your tax assessments for the year when the event occurred and the previous two years):
- Total sick pay received, if any (enclose payment slips issued by your national insurance organisation):

Welfare

- Name and address of the national insurance organisation to which you belong:
- National insurance number:
- The attack took place: while you were working
 while you were travelling between your home and workplace
 in the context of your private life

Supplementary cover

- Names and addresses of supplementary schemes (mutual or conventional insurance, etc) to which you belong:
- Membership number(s):

Can your losses be assessed at the present time?

Yes

- because it has been established medically that my condition has stabilised and should no longer change
- because my claim is limited to my loss of income and the medical expenses that I have borne (enclose supporting documents)

No because my state of health has not stabilised

Signed in (place):

Date:

Signature: