



ACCIDENT REPORT

Required for claims resulting from accidents only.

If you are claiming as a result of an accident, please complete the following notification as thoroughly as possible. The information obtained will be utilized to determine if and to what extent a third party may be responsible for your injuries.

Claimant's Information

Claimant's Name _____

Address _____

() _____

Telephone Number (Home)

() _____

Telephone Number (Travel)

Details - Please use the back of this form or attach another sheet as necessary when providing details.

► Date of accident:

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 Time of accident: _____ AM PM

► Type of accident: (check one) Slip/Fall Motor Vehicle Other

► Where did the accident occur? _____

Address: _____

Telephone Number: () _____

Contact name: _____

► How did the accident occur? _____

► Was there any material defect which may have contributed to this accident? Yes No

If yes, details: _____

► Incident report filed? Yes No ► Police report filed? Yes No

(IMPORTANT! Please include a copy of all accident/incident reports)

BY MY SIGNATURE I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS A TRUE AND ACCURATE ACCOUNT OF THE INCIDENT FOR WHICH I HAVE MADE THIS CLAIM.

Dated this _____ day of _____ in the year _____

Signature: _____

To avoid delays in the processing of your claim please include the completed form with your other documentation in the return envelope provided.