

“ACCIDENT DETAILS”

PLEASE FILL IN ONLY THE SECTIONS THAT APPLY AND SIGN THE BOTTOM.
(if you need more room, use the back of this paper)

1.A. DESCRIBE HOW YOUR INJURY OCCURRED: _____

B. The accident location was: _____

C. Date of Accident: _____

2. COMPLETE THIS SECTION IF YOUR INJURY WAS WORK RELATED:

A. Were you on the job or was it related to work? Yes _____ No _____

B. If Yes, Employers Name: _____ Telephone # _____

C. If yes, Did you report it to your employer? Yes _____ No _____

3. COMPLETE THIS SECTION IF THERE WAS AN AUTO ACCIDENT:

A. I was: _____ a driver _____ a passenger _____ a pedestrian

B. MY auto insurance company is: _____

Adjustors Name: _____

Insurance Company Phone # _____ Claim/Policy # _____

C. Information on the *OTHER DRIVERS*:

Name: _____ Telephone # _____

Insurance Company: _____ Claim # _____

Adjuster Name: _____ Telephone # _____

4. IF YOU WERE NOT IN AN AUTO ACCIDENT, COMPLETE THIS SECTION:

A. Did your injury occur on someone else's property? Yes _____ No _____

B. Name and telephone # of property owner: _____

Owners Insurance Company: _____ Claim # _____

Adjusters Name: _____ Telephone # _____

5. HAVE YOU RECEIVED ANY SETTLEMENT OR INSURANCE MONEY BECAUSE OF YOUR INJURY? Yes _____ No _____ IF YES, Amount paid: _____ Who Paid _____

6. DO YOU INTEND TO MAKE ANY CLAIMS Yes _____ No _____

A. Have you hired an attorney because of the accident? Yes _____ No _____

7. IF NONE OF THE ABOVE APPLY, PLEASE EXPLAIN: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME: _____ SIGNATURE _____

ADDRESS: _____ C _____ S _____ Z _____

HOME PHONE # _____ WORK PHONE # _____ DATE _____