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PERSONAL INJURY/PERSONAL PROPERTY DAMAGE CLAIM FORM

Name of Claimant:

Address of Claimant:

Cell #:

Home #:

Work #:

Date of Injury/Damage:

Where did injury or damage occur?

Statement of Facts (attach accident/incident report):

IS THIS CLAIM MADE FOR:

- | | | |
|---|-----|----|
| A. Uninsured Medical Expenses? | YES | NO |
| Was this an on-the-job-injury?
(See On-The-Job-Injury Policy) | YES | NO |
| Amount: \$ | | |
| Do you have insurance? | YES | NO |

All medical expenses must be submitted to your insurance company. **Attach documentation to support the amount claimed, such as itemized bills and insurance company statement(s) showing the expenses that have been filed and the amount paid or payable by insurance.**

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|---------------------------------|-----|----|
| B. Damage to personal property? | YES | NO |
| Amount: \$ | | |

