

CLAIMANT'S STATEMENT FOR ACCIDENT CLAIM

Please complete the Claimant's Statement, answering ALL questions on the form. Please submit the completed form to the above address along with the following information:

- (1) An Accident or Police Report is required for all Motor Vehicle Accidents.
- (2) A fully itemized statement of expenses (UB92 or HCFA) from the hospital or physician for the services rendered (for example: ER visit, crutches, x-rays).
- (3) Medical certification is required for the entire period you are disabled.
- (4) Drug and alcohol test results are required for all accident claims (if the tests were done).

POLICYHOLDERS NAME: _____ POLICY NO(S): _____

ADDRESS: _____

PHONE: _____ - _____ - _____ SSN: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____

Check here if New Address Male Female

Employer's Name: _____ Employer's Phone: _____ - _____ - _____

Employer's Address: _____

Supervisor's Name: _____

THIS CLAIM IS ON: Insured Your Spouse Your Child Male Female

If the claim is on your spouse or child, please complete the following:

Patient's Name: _____ SSN: _____ - _____ - _____

Date of Birth: _____ - _____ - _____ Relationship to Policyholder: _____

What condition are you claiming? _____

Date Physician was first consulted for this condition: _____

Primary Physician's Name: _____ Phone No: _____ - _____ - _____

Address: _____

1st Physician's Name: _____ Phone No: _____ - _____ - _____

Address: _____

2nd Physician's Name: _____ Phone No: _____ - _____ - _____

Address: _____

If you were hospitalized: Date Admitted: _____ - _____ - _____ Date Discharged: _____ - _____ - _____

Name of Hospital: _____ Phone No: _____ - _____ - _____

Address of Hospital: _____

Date injured: _____ - _____ - _____ Time of Accident: _____ Where did accident happen? _____

Did the accident happen while working on-the-job? Yes No

Tell us exactly how the accident happened. _____

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I certify the above information is true to the best of my knowledge.

Signature

Date