



## CLAIM FOR BODILY INJURY

Notice to Claimant: In order that your claim for bodily injury may receive proper consideration you are requested to furnish the information called for on this form. All relevant and material facts should be stated, as this will be a basis of further action upon your claim.

Full Name of Claimant: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Nos: Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date & Time of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Claim Against: \_\_\_\_\_ Witnesses: (Name, Address & Contacts) \_\_\_\_\_

Description of Accident:

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Description of Injuries:

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Required Documentation: Medical Reports, Medical Bills/Invoices (Paid & Outstanding), Ambulance Report, Ambulance Billing, and, ALL other pertinent documents.

Basis of Claim: I contend that I am entitled to recover damages from the person(s) named above for the following reasons:

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Declaration: I certify that all of the statements set forth on this form are true to the best of my recollection and knowledge. All relevant and material facts have been stated.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Claimant's Signature:

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