



DEPARTMENT OF FINANCIAL SERVICES

Division of Risk Management

STATEMENT OF CLAIM

Department: _____

Our Claim No.: _____

Name: _____

Telephone: _____

Address: _____

D/O/B: _____

Name of Spouse or Parent if Minor: _____

Date: _____ Time: _____ AM
PM

Place of Accident—Indicate Location By Address _____

Statement of How Accident Occurred and the Basis of This Claim (Use Additional Sheet if Necessary)

Name & Address of Person(s) Present at Time of Accident (Use Additional Sheet if Necessary)

- 1. _____ Telephone No.: _____

- 2. _____ Telephone No.: _____

- 3. _____ Telephone No.: _____

Describe Motor Vehicle Owned by You or Member of Household Including License Number (State None if No Listing)

Name of Insurance Company on the Above Vehicles

Were you Injured? Yes No If Yes, Complete the Following:

Describe Injury:

List Doctors & Hospital Giving Treatment (Including Complete Name & Address)

Amount of Total Doctor Bill
(Itemized Bills Must Be Attached)

Hospital Bill
(Itemized Bill Must Be Attached)

Are You Receiving Medical Treatment at Present?

 Yes No

Were You in the Course of Employment?

 Yes No

Did You Lose Income?

 Yes No

If Yes, List Employers of Past 3 Years

1.	<hr/>	<hr/>	<hr/>
	Name of Company or Person	Address	Phone
2.	<hr/>	<hr/>	<hr/>
3.	<hr/>	<hr/>	<hr/>
4.	<hr/>	<hr/>	<hr/>

All claim of lost wages must include signed statement from employer itemizing date and pay lost.

Date Disability Began

Date Returned to Work

Did you receive damage to motor vehicle or personal property? (List description in detail. Give license number.)

List Any Other Expense (Nurses, Drugs Must Have Supporting Bills)

Do you have any existing claim for workmen's compensation, personal injury protection, or other claim of personal injury?

 Yes No

If yes, list date, place, type of accident, and injury.

List any accident in which you received any type of injury in the past 5 years, if none, indicate NONE.
(Use back for complete list).

Identify Policy Authority Investigating

Their Location

Sworn to and subscribed before me

Signed

This _____ day of _____, _____.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

