



Employee's Name: .....  
First Name Surname

Site/Branch location: .....  
Site Name State

Phone Number: .....

Date Of Injury: .....

Brief Description of Injury details: .....

Manager Advised : .....  
Who When How

Insurer Details: .....

Claim Number: .....

**Immediately after becoming aware of the Incident**

- .. Date Claim Forms Forwarded to Employee: .....
- .. Date Claim Forms Received from Employee: .....
- .. Date Claim Forms Forwarded to Insurer: .....
- .. Date acknowledgment received from insurer: .....

Details Of Claim Acceptance:  
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