

## CLAIM FOR BODILY INJURY

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

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Please complete.

1. Name	2. Age	3. Occupation/Rank:
4. Mailing Address	5. Street Address	6. Phones
7. Date/Time of Accident:	8. Location of Accident:	
9. Claim against (name, address, description of vehicle he/she was operating):		

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10. Description of Accident (set forth all relevant and material details; if necessary use opposite side for diagram, indicating your vehicle and the other):

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11. Witnesses (Names, Address, Contact No.)

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12. Description of Injury/Injuries:

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13. Basis of Claim – I contend that I am entitled to recovery damages from the person(s) named in item No. 9 for the following reason(s):

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14. Offer of Settlement – I hereby offer to accept as full satisfaction of my claim the amount of \_\_\_\_\_. To support my claim I attach the following documents (may include police report, statements of witnesses, medical report, bills & receipts.):

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15. 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 \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Claimant