

INDIVIDUAL ACCIDENT / INJURY REPORT

(Confidential information for use of Grand Chapter legal counsel only)

Claimant Name _____ Age _____ Sex _____

Address _____ City, State _____ Zip _____

Occupation _____

Daytime phone number _____ Work phone number _____

Cell Number _____ E-Mail Address _____

Member of _____ Chapter No. _____

City _____

Date of accident or injury _____

Where did accident / injury occur? _____

Description of accident _____

Type and extent of injury: _____

Witnesses Name(s) & Phone No. _____

Do you have other insurance coverage? _____

Comments: _____

Claimant Signature _____ Date _____
Phone _____

Signature of person making report if other than claimant

FILE THIS REPORT WITHIN 48 HOURS AFTER THE DATE OF THE ACCIDENT OR INJURY WITH:

Humphreys-Voorhees Insurance Agency

4950 Hall Road, Suite C,

Orlando, FL 32817

Phone: (407) 657-8099

Fax (407) 657-8757

AND

The Grand Chapter of Florida, Order of the Eastern Star, Inc.

P. O. Box 35339

Panama City, FL 32412

Phone: (850) 640-4718

Fax: (850) 640-4469

Form: Insurance Individual Accident/Injury Claim Form OES 2024-1

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