

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: _____

_____ Date _____

Claimant Signature _____ 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:

Please send all requests to:

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

P. O. Box 1518

Lynn Haven, FL 32444

Phone: (850) 571-3065

Fax: (850) 441-3863