

# Group Administrators, Ltd.

20 North Martingale Suite 290 • Schaumburg, Illinois 60173 • (847) 519-1880 • Fax (855) 978-2331  
www.groupadministrators.com

## Accident Information

Employee ID \_\_\_\_\_

Employee name \_\_\_\_\_

Claimant name \_\_\_\_\_

Relationship \_\_\_\_\_

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I hereby certify that this injury is not related to an accident for which a third-party is liable.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

Date and time of injury \_\_\_\_\_

If a motor vehicle accident state whether you were a driver or passenger?  Driver  Passenger

Type of accident  Home  Public place  Work related  Medical malpractice  
 Friend/relative home  Automobile  Public transportation  
 Other \_\_\_\_\_

Where did accident occur? \_\_\_\_\_  
\_\_\_\_\_

How did accident occur? If a police report was filed you must supply a copy of the report. Please give details  
\_\_\_\_\_  
\_\_\_\_\_

If you were in a motor vehicle accident, who owns the vehicle you were in? If the injury was on yours or another person's property you must give full information on both yours and the other person's homeowner's insurance.

\_\_\_\_\_  
\_\_\_\_\_

Do you intend to file a claim against a person, business, or insurer (including your own auto or other liability insurer) for personal injury and/or medical expenses? If yes, against whom?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

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You must provide the following information. Use the back of this form or an extra sheet of paper.

1. The declaration page from your automobile policy, even if you were not the driver.
2. The name and contact of the insurance company for the car you were in.
3. The name and contact of the insurance for the driver of the car you were in. (If you were not the driver give full name of the driver.)

What is your attorney's name, address, and phone number who will be helping you with this accident?

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If any liability insurance, whether your own insurance (such as auto, if an auto accident) or the third party's insurance, is responsible for medical expenses, give the name, address, and agent for each insurance company.

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Have you received money or other payment from any insurance company including your own? You must provide full information on the amount. If you received a direct check you must give the amount of the check. Please give full information concerning any payment whether to you or to medical providers.

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Are you eligible to apply for workers' compensation due to your accident? If yes, provide the name and contact information for the person with information. If you have received workers compensation denial letter, provide a copy of the letter.

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To the best of my knowledge, the above statements are correct.

Employee signature

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Date

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