

GENERAL ACCIDENT QUESTIONNAIRE

Please complete this questionnaire and return it to Point Comfort Underwriters, Inc. so that claims can continue to be processed.

Claimant (Patient) Name:	Trip Registration Number (found on ID card):
Date of Accident:	Approximate time of Accident:
1. Please provide exact details of the accident including the events leading up to the accident and the accident itself.	
2. Please provide the address where the accident occurred, along with the property owner's name and the name and address of the property/casualty insurance company insuring the property and the policy number.	
3. Was this accident related to your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide the employers complete name, address and telephone number.	
4. Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide a copy of this report.	
5. If this injury was the result of a motor vehicle accident, please provide the name, address and telephone number of the auto insurance carrier handling the claim.	
6. Was the accident related to an organized or sanctioned athletic activity involving regular or scheduled games and/or practices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was an accident report filed with the sports sponsor or coordinator? Please attach a copy.	
7. Have you retained legal counsel in relation to this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name, address and telephone number of the attorney.	
Signature:	
Date:	

Continuation of General Accident Questionnaire information: