



Island Home Insurance
Company

CLAIM FOR BODILY INJURY

NOTICE TO CLAIMANT: In order that your claim for bodily injury may receive proper consideration you are requested to furnish the information called for on this form. All relevant and material facts should be stated, as this will be a basis of further action upon your claim.

Full Name of Claimant _____ DOB: _____ Social Security No. _____

Mailing Address: _____

Physical Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Date and Time of accident: _____

Location of accident: _____

Description of Accident: _____

Description of Injuries: _____

Medical facility where you received treatment. Please list all facilities: _____

Person you are claiming against: _____

TOTAL AMOUNT YOU ARE CLAIMING FOR: \$ _____

Please provide all medical treatment documentation, bills, narratives from doctors, nurses, etc., and any other documentation pertaining to your treatment.

Declaration: I certify that all of the statements set forth on this form are true to the best of my knowledge. All relevant and material facts have been stated.

Executed on this _____ day of _____ 20__.

Signature of claimant: _____