

Business Insurers of Georgia

(Name of BIoFG's Client Employing Injured Worker)

EMPLOYEE'S REPORT OF INCIDENT

COMPLETE ALL BLANKS

Date of This Report: _____ Date of Incident: _____

Name of Injured Worker: _____ SS#: _____

Birthdate: ____/____/____ Date Employee Reported Incident: _____

Home Address: _____ Home Phone: _____

City, State & Zip: _____ Marital Status: _____

Weekly (or Hourly) Wages: _____ Number of Dependents: _____

Time of Incident: _____ Time Employee Reported for Work Day of Incident: _____

Person Employee Reported Incident To: _____

Client Where Incident Occurred: _____

Address Where Incident Occurred: _____

Describe the incident in detail (how, why, where, what):

Type of Injury (cut, sprain, bruise, fracture, etc.): _____

Which part of body injured (be specific): _____

Are there any safety issues that contributed to this injury? If so, please detail:

List all witnesses to this incident:

List all prior injuries sustained at work and outside of work in the last 10 years that required medical attention (include dates, injuries, and body parts):

I, employee, the undersigned, certify that the above is a true and correct statement of fact and that I made such statements of my own free will. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of **my employer and/or the Insurance Company**. I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to **my employer**. I hereby agree to release this information and hold all such medical providers harmless for the release of this information as set forth in this authorization. **"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."**

EMPLOYEE SIGNATURE

DATE OF REPORT

TRANSLATED by (if necessary)

The Employer & Business Insurers of GA prosecute to the fullest jurisdictional extent for all fraudulent claims reported.

******REPORT DUE WITHIN 24 HOURS OF ACCIDENT******