

# Worker's Compensation Insurance Claim Form

## Sample

Use our **Worker's compensation insurance claim form sample** to accurately document workplace injuries and streamline the claims process. This sample provides a clear format to ensure all necessary information is included for prompt and fair compensation. Filing a detailed claim form helps protect both employees and employers throughout the insurance procedure.

### 1. Employee Information

Full Name

Employee ID/Number

Home Address

Phone Number

Date of Birth

Position/Job Title

### 2. Employer Information

Company Name

Company Address

Contact Person

Phone Number

### 3. Incident Details

Date of Incident

Time of Incident

e.g., 2:30 PM

Location of Incident

e.g., Warehouse #3

Description of Incident

**Describe Injuries Sustained**

**Names of Witnesses (if any)**

## 4. Medical Treatment

**Date Treatment Began**

**Name of Treating Physician / Facility**

**Details of Medical Treatment**

## 5. Lost Workdays

**Last Day Worked**

**Date Returned or Expected to Return**

## 6. Certification

☐

I certify that the information provided in this claim is true and accurate to the best of my knowledge.

**Employee Signature**

**Date**

Submit Claim

**Note:** This is a sample form. Please refer to your specific insurance provider's requirements and include any additional documentation as instructed.