

# 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**

**Location of Incident**

**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.