

**INDIVIDUAL ACCIDENT / INJURY REPORT**

(Confidential information for use of Grand Chapter legal counsel only)

Claimant Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Cell Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Member of \_\_\_\_\_ Chapter No. \_\_\_\_\_

City \_\_\_\_\_

Date of accident or injury \_\_\_\_\_

Where did accident / injury occur? \_\_\_\_\_

Description of accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type and extent of injury: \_\_\_\_\_

Witnesses Name(s) & Phone No. \_\_\_\_\_

Do you have other insurance coverage? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_

Signature of person making report if other than claimant

\_\_\_\_\_

**FILE THIS REPORT WITHIN 48 HOURS AFTER THE DATE OF THE ACCIDENT OR INJURY WITH:**

Humphreys-Voorhees Insurance Agency  
4950 Hall Road, Suite C,  
Orlando, FL 32817  
Phone: (407) 657-8099  
Fax (407) 657-8757

AND  
The Grand Chapter of Florida, Order of the Eastern Star, Inc.  
P. O. Box 35339  
Panama City, FL 32412  
Phone: (850) 640-4718  
Fax: (850) 640-4469