KBIG

2101 SW 36th Street
Topeka, KS 66611
Phone: 785-266-4540 Fax: 785-266-7953

PLEASE PRINT DO NOT TYPE

Employee Statement

*Claim No:*_____

Last Name: _____ First Name: _____ MI: _____ Social Sec. No: _____-____-_____

Home Address: _____ City:_____ State:_____ ZIP:_____

Home Phone: ( )_____ Cell Phone: ( )_____

Incident Statement:

Be sure to include the location of the accident, date and time, witnesses, physical injury, how it happened and all other related information (use additional pages if needed):

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The information above is an accurate description of the sequence of events that led up to the injury that I sustained while performing my required job duties

_____ _____ _____/____/_____

Print Name Signature Date