

# Freelancersâ€™™ Accident Insurance Claim Form

## Personal Information

Full Name

Date of Birth

Address

Email

Phone Number

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## Accident Details

Date of Accident

Location of Accident

Describe How the Accident Occurred

Injuries Sustained

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## Medical Information

Name of Attending Physician

Hospital or Clinic Name

Treatment Received

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## Employment & Insurance Details

Type of Freelance Work

Policy Number

Have you previously submitted a claim for this accident?

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## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature

Date