

Plumbers and Pipefitters Local 430

Health and Welfare Fund

2908 N. Harvard Ave. Tulsa, OK 74115

Phone: 918-836-0430

Accident Report

Insured's Full Name _____ Date of Birth _____ Social Security No. _____

Mailing Address _____

Patient's Full Name _____ Date of Birth _____ Relationship to Insured _____

Date of Accident _____ Time of Accident _____

Name of Claimant's Employer _____ Employers Phone _____

Employers Mailing Address _____ City _____ State _____ Zip Code _____

Detailed Description of Accident:

Was Claimant at work when accident happened? Yes No

Was a Police Report Filed? Yes No (If yes please attach a copy of the Police Report.)

Were charges lodged against claimant? Yes No

Nature of Charges: *Motor Vehicle/Traffic* *Criminal* *Civil* *Other*

Please Explain: _____

Were charges lodged against other party? Yes No

Nature of Charges: *Motor Vehicle/Traffic* *Criminal* *Civil* *Other*

Please Explain: _____

Other Party(ies) Information:

Name of Other Party(ies) to Accident _____ ADDRESS _____

Other Party(ies) Name of Insurance _____ Policy No. _____

Claim No. _____ Insurance Phone Number _____

Have you hired an Attorney to represent you in this matter? [] Yes [] No

Attorney's Information:

Attorney's Name Firm's Name

Attorney's Address City State Zip Code

Attorney's Phone Number Fax Number

Please answer all questions. Unanswered questions will delay benefit consideration until the missing information is obtained.

Insured's Signature Date Signed