



# Chubb Workers Compensation Report of Injury Worksheet

Internet: [www.chubb.com](http://www.chubb.com)

Click on *To Report a Loss.*

Phone: 1-800-699-9916

## Things to remember when reporting a Workers Compensation Claim:

Use this Report of Injury Worksheet as a reference for collecting details. It is not necessary to write in answers to questions you know when calling us. If you plan to fax us, you should fill in the **2 page** worksheet. However, whether you are calling or faxing, do not delay in reporting the claim even if you do not have answers to every question.

LOCATION/SITE CODE:	STATE:
DATE OF ACCIDENT:	

EMPLOYERS NAME:	MAIL ADDRESS (STREET):
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PHONE # (AREA CODE FIRST):	NATURE OF BUSINESS:
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PREPARER'S NAME:	PREPARER'S TITLE:
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DAYS OPEN:	<b>POLICY NUMBER:</b>
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EMPLOYEE NAME (LAST, FIRST):	MAIL ADDRESS:
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CITY/COUNTY/PARISH:	STATE:	ZIP:
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PHONE # (AREA CODE FIRST):	SOCIAL SECURITY #	SEX	AGE
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DATE OF BIRTH:	MARITAL STATUS (S,M,D,W):	OCCUPATION:
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REGULAR DEPT:	HIRE DATE:	LENGTH EMPLOYED: YRS.	MOS.	DYS.
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DATE IN JOB:	LENGTH IN JOB:	YRS.	MOS.	DYS.
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DATE INJURY REPORTED TO EMPLOYER:	ESTIMATED/ACTUAL DAYS OFF:
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INJURY/ILLNESS DESCRIPTION:

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EMPLOYMENT STATUS: (F,P,S,V)	IS THE EMPLOYEE OWNER/OFFICER, PARTNER?		
WAGE CLASS:	PAID DAY INJ?	(Y/N/U)	PIECE/TIME:
HRS/DAY:	DAYS/WK:	HRS/WK:	WAGES/HR:
WAGES/DAYS:	AVG. WAGE/WK:		SALARY/MOS.
REG DAYS OFF:	PER (W/M/Y):		