

**Teamsters Joint Council No. 83 of Virginia
Health and Welfare Fund
8814 Fargo Road, Suite 200 ~ Richmond, Virginia 23229**

ACCIDENT REPORT

ALL QUESTIONS MUST BE COMPLETED BY MEMBER

Member's name _____ SS# _____

Address _____ City, State, Zip _____

Birth date _____ Phone Number _____ Sex _____

Claim on _____ Relationship to member _____

Birth date _____ Sex _____ Date accident occurred _____ Time _____

Have you contacted your home/auto insurance company? _____

Name and Phone # of home/auto insurance company _____

Was claimant at work when accident occurred? _____

Name of claimant's employer _____

Detailed description of how, when and where the accident occurred _____

Name and address of other party(ies) to accident _____

Insurance company of other party _____

Policy #(s) _____ Type _____

Were police called? Yes _____ No _____

Was accident report prepared by police? Yes _____ No _____

If a report was prepared, please attach a copy of it to this form.

Were charges lodged against you? Yes _____ No _____

Were charges lodged against the other party? Yes _____ No _____

Nature of charge _____

Have you hired an attorney to represent you in this matter? Yes _____ No _____

If yes, attorney name _____ Phone # _____

Address _____

Member's signature _____ Date _____

(804) 282-3131 ~ 1-800-852-0806 ~ Fax (804) 288-3530