

Member :  
Trade Name: NO NEV LABORERS HLTH & WELFARE  
Patient Name:

.....

ACCIDENT DETAILS REQUEST

DATE OF ACCIDENT/INJURY: \_\_\_\_\_

\_\_\_\_\_

HOW DID ACCIDENT/INJURY OCCUR: \_\_\_\_\_

\_\_\_\_\_

WHERE DID ACCIDENT/INJURY OCCUR: \_\_\_\_\_

\_\_\_\_\_

DID THIS INJURY RESULT FROM AN ON-THE-JOB ACCIDENT?

YES \_\_\_\_\_ NO \_\_\_\_\_

WAS THE ACCIDENT/INJURY THE RESULT OF NEGLIGENCE OF ANOTHER PARTY?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES. PLEASE PROVIDE A BRIEF DESCRIPTION OF THAT PARTY'S INVOLVEMENT IN THE ACCIDENT.  
ALSO ADVISE IF YOU PLAN TO MAKE A CLAIM AGAINST THAT PARTY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE