

Statement of Facts Sheet

Personal Injury Claim

1. Claimant Information

Full Name

Date of Birth

Address

Phone / Email

2. Incident Details

Date of Incident

Location of Incident

Describe Circumstances of the Incident

3. Description of Injuries

Describe Injuries Sustained

Medical Treatment Received (Names of Medical Providers, Dates, etc.)

4. Witnesses (if any)

Name(s) and Contact Information

5. Additional Information

Other Relevant Facts or Comments

6. Declaration

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

Signature

Date
