



The Sandner Group
Claims Management

333 West Wacker Drive * Suite 1200 * Chicago IL 60606 * Phone (800) 419-3205 * *SandnerGroup.com

INJURED WORKER'S REPORT OF INJURY

Please complete and have your employer report the accident immediately to:
The Sandner Group· Claims Management

(Please Print or Type)

Employer:

Address:

Supervisor:

Employee Name:

Employee Address:

Employee Phone #:

Social Security #:

Dependent(s) Names and Ages:

Occupation:

Date of Hire:

Other Employment:

Date of Injury:

Time:

Place:

Witness(s):

Witness(s):

Nature of Injury/Body Part Injured:

Last Day Worked:

Expected Return to Work Date:

Treating Clinic:

How Did Accident Happen?

Date: _____ Signature of Employee: _____