



HOUSTON INTERNATIONAL INSURANCE GROUP

# Employer's Report of Injury

Complete and fax or email this report within 24 hours. **Claims@HIIG.com** or **888-957-6437**

Please fill out this form as thoroughly as possible.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ SSN: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

### History of Claims

Does Employee have any previous Work Comp Claims?  No  Yes If "Yes", please provide details below such as date of claim and type of injury. \_\_\_\_\_

### Employer

Company Name: \_\_\_\_\_ Co-Employer/PEO: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### Company Information

Office Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

### Accident

Date of Injury: \_\_\_\_\_ Hour of Injury: \_\_\_\_\_ AM  PM  Date Employer Notified: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_ Class Code: \_\_\_\_\_

Employees Occupation (Job Title) When Injured: \_\_\_\_\_ Department: \_\_\_\_\_

Can a light duty position be accomodated?  No  Yes

Nature of Injury: \_\_\_\_\_ Part of body injured: \_\_\_\_\_ On Company Premises?  No  Yes

Was claimant working at your company's client location?  No  Yes

Name/Address/Location of Accident: \_\_\_\_\_

Was the employee paid for the day of injury?  No  Yes Time employee began work: \_\_\_\_\_  AM  PM

Hospital or Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

If validity of Claim is Doubted, State Reason: \_\_\_\_\_

### Cause of Accident

How Did Accident Happen? \_\_\_\_\_

Specify Machine, Tool, Substance, or Object most closely connected with Accident: \_\_\_\_\_

What was Employee doing when Accident occurred? \_\_\_\_\_

If another person not in Company Employ caused the Accident, give name and Address: \_\_\_\_\_

**Please fax completed form to 888-957-6437 or email to [claims@hiig.com](mailto:claims@hiig.com)**