

STATEMENT OF ACCIDENT

CATHOLIC MUTUAL GROUP
P.O. BOX 85728
SAN DIEGO, CA 92186-5728
(858) 490-8285

Location/Parish: _____

Address: _____

Your name: _____

Your address: _____

City, State, Zip: _____

Your phone # (Home): _____ (Work): _____

Your date of birth: _____ Your Social Security No. (optional): ____-____-____

Date of accident: _____ Time: _____

Where did the accident happen? _____

Describe your injury: _____

Name(s) & Phone #s of any witness(s): _____

Additional information/Comments: _____

Signed

Date

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime.
