

## Accident Claim Filing Kit

Please complete all sections, sign and date, then mail, fax, or email this form, with the information bulleted below, to the contact information provided.

- Bills for treatment of this accident along with any accident reports.
- Police report (for automobile accidents).
- Bills containing the diagnosis and procedure codes.
- Emergency Room notes/discharge paperwork, if applicable.
- Operative report for surgical claims, if applicable.

All required documentation should be submitted to:

**Mail:** National General Accident & Health  
P.O. Box 3252  
Milwaukee, WI 53201-3252

**Fax:** 317-284-7281

**Email:** NationalGeneral.customerservice@keybenefit.com

If you have any questions about this form, please call (855) 212-5014.

**Failure to complete the entire claim form  
may result in a delay of claims review.**

## Accident Claim Form

### Information on Claimant

Relationship to Policy Holder (*circle one*): Self Spouse Dependent

Policy Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (*optional*): \_\_\_\_\_

### Specific Accident Information

Date of accident: \_\_\_\_\_ Date of initial medical treatment: \_\_\_\_\_

Was this a work related accident:  Yes  No

Was the accident covered by Workers' Compensation?  Yes  No

If the accident was the result of an automobile accident,  
the claimant was the:  Driver  Passenger

Name and address of the hospital facility where you received treatment:

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

Name and address of the doctor who treated you: \_\_\_\_\_

\_\_\_\_\_

Please give the specific details of the accident including how the accident occurred, what  
transpired and when it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Claimant Authorization and Signature

I hereby request and authorize you to furnish to National General Accident & Health or its representatives any and all medical information concerning any illness or injury i may have suffered. (Persons signing may receive a copy of this authorization. Any copy of this authorization shall have the same legal authority as the original.)

\_\_\_\_\_  
Signature of Claimant - if minor, parent must sign

\_\_\_\_\_  
Relationship to Claimant

\_\_\_\_\_  
Date

## Fraud Warning Notices:

For states not listed below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, District of Columbia, Rhode Island & West Virginia:** Warning - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware, Idaho & Oklahoma:** Warning - Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

**Kansas:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**Kentucky:** A 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 insurance act, which is a crime.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee, Virginia & Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.