

## **KBIG**

2101 SW 36<sup>th</sup> Street Topeka, KS 66611

Phone: 877-266-4540 Fax: 785-266-7953

## **PLEASE PRINT DO NOT TYPE**

## **Employee Statement**

			Claim No	Claim No:		
Last Name:	First Name:		MI:	Social Sec. No:		
Home Address:		City:		State:	Zip:	
Home Phone: ( )	±	Cell Phone: (	)			
Incident Statement:						
Be sure to include the location of the accident information (use additional pages if needed):	, date and time, witne	esses, physical injury, ho	ow it happene	ed and all other	related	
The information above is an accurate description of the sequence of events that led up to the injury that I sustained while performing my required job duties.						
Print Name	 Signatu			 Date	//	