

APPENDIX B

ITEM 3

THIS FORM IS A FORMAT AND NOT TO BE USED
IN SUBMITTING REPORTS TO THE FUND

6 MONTH SUMMARY REPORT

UCJ # _____

DATE _____

SS# _____ AGE _____

CLAIMANT(S):

CLAIMANT'(S) ATTORNEY:

UNINSURED:

ATTORNEY ASSIGNED:

COMPANY ASSIGNED:

CLAIM # _____

D/A:

TIME:

PLACE OF ACCIDENT:

SUIT:

COURT:

COUNTY:

ELIGIBILITY OF CLAIMANT(S):

DESCRIPTION OF ACCIDENT:

LIABILITY:

WITNESSES DESCRIPTION:

POLICE DESCRIPTION:

DESCRIPTION OF INJURIES:

UP TO DATE LIST OF MEDICAL EXPENSES:

CARRIER'S RECOMMENDATION:

ASSIGNED ATTORNEY'S RECOMMENDATION:

WORK TO BE DONE:

ADJUSTER _____

PHONE # _____