

Workers' Comp Claim Reporting Checklist



Let's make this work for everyone®

Report an accident 24/7:

Online: [Click here to log into the Great American Insured Portal](#)

Phone: 877-836-1555

When reporting a claim, please have this information available. Items in bold are required. You will be asked to provide as much detail as possible when describing the accident:

Policy Information

Workers' comp policy number

Insured name

Employer location

Accident Information

Date and time of accident

Date injury/occurrence was reported to employer

Accident location (street address, city and state)

Did the employee lose time from work?

First full day of work employee missed due to accident

Date employee returned to work

Did the accident occur on employer's premises?

CLEE code

Treatment type

Cause of injury

Nature of injury

Area of body

Any witness(es) to the accident?

Name, address and phone number of witness(es)

Injured Worker Information

Name

Social Security number

Home phone number

Physical home address

Date of birth

Gender

Marital status

Regular occupation/class code

Date of hire

Employment status

Average weekly wage

Supervisor name

Medical Provider Information

Medical provider name, address, and phone #

Treatment date

A copy of all First Report of Injury forms will be emailed to your office within 24 hours after reporting the claim.

For claims reported after hours, the First Report of Injury will be assigned the next business day to an adjuster for further investigation and claims handling.

If you need access to report a claim online, please contact your **Account Manager**.

If you have questions about a claim you submitted, please contact your **Claims Specialist**.