

SUMMARY OF PAYMENTS

FATAL CASE

Accident No.

Claim No.

Injured Person	Employer
Address	Business
Occupation	Address
	Premiums paid to

Character of Injury	
Date of Accident	Actual Weekly Wages \$
Date of Death	

DEPENDENTS

Name of Dependents	Relationship	Date of Birth (IF UNDER 18)

AWARDS OF PAYMENTS

Compensation

Payments	% Wages	Amount	Weeks	Total	Remarks

Total Compensation Payments

BURIAL AND OTHER EXPENSES

Payment to	For Funeral Expenses	\$	
Payment to	For Medical Expenses	\$	
Payment to	For	\$	
Payment to	For	\$	
	Total Miscellaneous	\$	

Checked CLAIM EXAMINER	Approved	, 20 Auditor Member
Claims Mgr.		