



Questionable or Problem Claims Report for IPRF (FORM 45-E)

Please complete this form and attached to First Report of Injury when you submit a questionable or problem claim. Please date and sign the bottom of this form.

Reason for questions about this claim:

Late report of accident (over 45-days)

Report was submitted to: Supervisor Employer Other (use space below)

Other (Explanation):

Employee has a history of disciplinary problems

Unwitnessed accident

Not in the course of employment

Not at work the day of accident

Retained an attorney immediately

Off premise injury

Had a previous accident at home

Please give details of any secondary employment (employer name, phone and contact):

Signature: _____

Date: _____

Telephone Number: _____

Your Position: _____