



Proactive Rehabilitation Support

Please email the referral form to: proactiverehab@travelers.com

Referral date

Insured Name

Insured Address

Insured Email

Insured Phone Number

Employee Name

Employee Address

Employee Email

Employee Phone Number

Date of Birth

Date of Accident

Date signed off by medical practitioner

(please attach a copy of the sick note and the accident report)

Accident circumstances

Injury details

Treatment to date; if known

Details of occupation, hours worked

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