

Statement of Reasons for Delayed Accident Report

20 . .

To Waseda University Department of Student Affairs

Person making the Claim (casualty)	Home Address
	Name
	Phone: Email:

I report that my submission of the Accident Report was delayed due to the reasons below.
Hereafter, I pledge that I will report immediately in case of accident.

Accident Date/Time of the Day	20 . . am/pm :
The First Medical Examination Date	20 . .
Diagnosis	
Hospital of Initial Consultation	
Transferred Hospital	
Reasons for Delayed Submission of the Report:	

***This report will be used solely for Waseda University Student Compensation System (Compensation for Disability), and not for any other purpose.**