



PERSONAL INJURY ENQUIRY QUESTIONNAIRE

Our consultants are experienced personal injury specialists. If you wish to discuss your case with us just complete these brief questions and submit. We will be in touch by return

1. DETAILS OF PERSON INVOLVED IN THE ACCIDENT

Name:

Address:

Postcode:

Home Telephone:

Mobile:

E-mail:

Occupation:

Date of birth:

Marital status:

National Insurance number:

2. DETAILS OF PERSON RESPONSIBLE FOR THE ACCIDENT

Details of person you think is to blame for the accident:

Name:

Address:

Postcode:

Your relationship to that person, if any:



3.DETAILS OF THE ACCIDENT

Date of accident:

Location of accident

Insurance details of the person responsible for the accident

Registration numbers, makes & models of vehicles and name and address of the owners (if applicable)

A brief description of how the accident occurred:

Were there any witnesses to your accident? If so what were their names and addresses:

Full details of all items damaged in the accident

Have the Police been informed?

Yes

No

If so, which Police Station

When

Name and Number of Police Officer if known

Have you notified your insurance company

Yes

No

If so, supply their name and address?



3.DETAILS OF THE ACCIDENT

Have you notified your insurance company

Yes

No

If so, supply their name and address?

Policy Number

What safety equipment were you using (eg in motoring cases, were you wearing a seat belt?)

4.DETAILS OF INJURIES

A brief description of your injuries:

Have you visited a hospital as a result of your accident?

Have you visited your GP as a result of your accident?

What medical treatment have you received for your injury?

Will you be having any medical treatment in the future? If so, can you explain what this is likely to

Have you been able to work since your accident?

Do you have any previous medical history which may be relevant?
(eg previous back problems, epilepsy, diabetes etc)