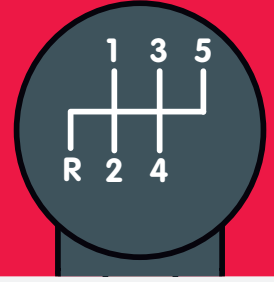


DAVIS · BLANK · FURNISS

Road Traffic Accident Questionnaire



It is important that you answer every question in as much detail as you can to enable us to proceed swiftly with your claim.

Part A – Personal details

Title

Forename(s)

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

National Insurance Number

Home Telephone

Work Telephone

Mobile Telephone

Email Address

Marital Status

Occupation

Part B – Your vehicle details

Vehicle Make and Model

Registration No

Owner (if not yourself)

Were you the driver at the time of the accident? YES NO

Were you a passenger at the time of the accident? YES NO

If yes, where were you sat?

Were you wearing a seatbelt? YES NO

How many people were in the vehicle?

Part C – Insurance & legal expenses

Your Motor Insurers Name

Address

Policy Number

Does this policy provide Legal Expenses Cover? **YES** **NO**

Do you have any other policies which provide Legal Expenses Cover?
(i.e. household contents insurance or credit cards – if so, provide details) **YES** **NO**

Are you a member of a Trade Union? **YES** **NO** Do they provide free legal advice? **YES** **NO**

Part D – Accident details

Date of Accident

Time of Accident

Accident Location

What was the weather like?

What were the road conditions like?

Description of Accident (please describe as best you can, the details of events leading up to the accident; the accident itself and the events following the accident)

Part E – Other driver details (person responsible for accident)

Title

Forename(s)

Surname

Address

Telephone

Vehicle Make/Model

Registration No

Colour

Did you obtain the other driver's insurance details **YES** **NO**

Insurers Name

Address

Policy No

Part F – Police details

Was the incident reported to the police? **YES** **NO**

Police Officer

Police Station

Police Ref

Part G – Witness details

Were there any witness? **YES** **NO**

Name

Address

Telephone

Name

Address

Telephone

Part H – Your injuries

Please describe in detail, what injuries did you sustain as a result of this accident:

Have you sought any medical attention? **YES** **NO**

If Yes, on what date did you first do so?

Did you attend Hospital as a result of this accident? **YES** **NO**

Were you taken by ambulance to the Hospital? **YES** **NO**

If not, how did you get there? (If you travelled by taxi or bus, what was the cost? Did you get a bus/taxi home? Were you driven by a spouse or friend? How many miles there and back? Mileage? Car park fees?)

Hospital Name:

Address:

Were you admitted to Hospital and if so, on what date were you discharged?

How many times did you attend the Hospital for treatment in respect of your injuries? (Please include any travelling expenses to and from the hospital i.e. bus fare, taxi fare, mileage, car park fees)

Did you visit your General Practitioner as a result of this accident?

GP Name:

Address:

What medication was prescribed by your GP (if any):

How many prescriptions have you paid for and at what cost? (please send all receipts including those relating for over the counter medication which you have bought)

Have you had any physiotherapy treatment as a result of this accident?

Physiotherapist Name

Address

Cost per session (please provide invoices, if available)

Have you fully recovered from this accident? (If not, briefly describe your current symptoms)

Part I – Employment

Employer Name

Address

Average Weekly Earnings

Did you have any time of work as a result of this accident? (please provide dates)

Did you lose any earnings? (please provide full details and send copies of any wage slips supporting this)

Part J – Other losses

Please list any other financial losses that you have incurred as a result of this accident, that you wish us to include in your claim (such losses could include damage to clothing or property). Please send photographs of the damaged items and receipts:

I BELIEVE THAT THE FACTS STATED IN THIS QUESTIONNAIRE ARE TRUE.

Signed

Date

NB: Please send along copies of any other documentation which you may have which you think may be relevant to this accident.

Manchester Office

Units 13-15, Brewery Yard, Deva City Office Park,
Trinity Way, Manchester M3 7BB
T: 0161 832 3304 . F: 0161 834 3568
E: manchester@dbf-law.co.uk

Glossop Office

10 Ellison Street . Glossop . Derbyshire SK13
8BZ T: 01457 860606 . F: 01457 869468
E: glossop@dbf-law.co.uk

www.dbf-law.co.uk
Twitter: @DBF_Law
LinkedIn: Davis Blank Furniss