Our Ref: **{** MERGEFIELD MATTER_FEE_EARNER_ID **}/{** MERGEFIELD client_no **}/{** MERGEFIELD matter_no **}**

Date: **{** SET LETTER**{** DATE \@ "d MMMM yyyy" **} }{**ref LETTER \@ "d MMMM yyyy" \ * MERGEFORMAT **}**

HIGHWAY ACCIDENT QUESTIONNAIRE

You have losses and these will need to be claimed from the negligent party. When completing this form we only need answers for those sections which apply to you, but please complete the form fully and carefully since it is designed to give the information necessary to deal with your claim and information left off will lead to delays in settlement.

ACCIDENT QUESTIONNAIRE	**ANSWERS**
1. NAME	
2. ADDRESS AND TELEPHONE	
3. MARITAL STATUS	
4. DATE OF BIRTH	
5. AGE	
6. NAME OF NEXT OF KIN IF UNDER 18	
7. OCCUPATION	
8. GROSS EARNINGS pw	
9. NET EARNINGS pw	
10. EMPLOYER'S NAME	
11. EMPLOYER'S ADDRESS	
12. DATE AND TIME OF ACCIDENT	
13. **PLACE OF ACCIDENT** (TAKE PHOTOS OF DEFECT. IF POSSIBLE THE PHOTOS SHOULD SHOW THE SIZE OF THE DEFECT HAVING A RULER IN THE PHOTO WILL HELP) (IDENTIFY EXACTLY WHERE YOU FELL, IF POSSIBLE BY REFERENCE TO A LANDMARK OR BUILDING)	
14. INJURIES RECEIVED	
15. RETURNED TO WORK	
16. NAME & ADDRESS OF GENERAL PRACTITIONER	

17.	HOSPITAL WHERE TREATED RECORD NO	
18.	LOCAL DSS OFFICE	
19.	NI NUMBER	
20.	STATUTORY SICK PAY RECEIVED	
21.	WELFARE BENEFITS RECEIVED	
22.	**APPROXIMATE WAGE LOSS**	
	HOW LONG OFF WORK?	
	ARE YOU BACK AT WORK?	**YES / NO**
	DID YOU LOSE ANY EARNINGS AS A RESULT OF THE ACCIDENT?	YES / NO
	IF SO, HOW MUCH NETT	
	IF YOU HAVE RETURNED TO WORK, OR WHEN YOU DO RETURN TO WORK, PLEASE TELL US IF YOU HAVE NOT RETURNED TO YOUR NORMAL DUTIES AND OVERTIME. IF NOT YET BACK AT WORK, PLEASE ADVISE US OF THE DATE YOU RETURN	

23. **OTHER LOSSES AND EXPENSES**

PLEASE GIVE FULL DETAILS OF ALL LOSSES SET OUT BELOW ARE SOME EXAMPLES OF VALID ITEMS TO CLAIM

PRESCRIPTION CHARGES
FAMILY AND YOUR OWN TRAVELLING EXPENSES

24.	PREVIOUS ACCIDENTS & INJURIES	
25.	NAMES AND ADDRESS OF WITNESSES	
26.	NAME AND ADDRESS OF PERSON OR BODY RESPONSIBLE. (WAS IT THE COUNCIL OR A CONTRACTOR)	

27. WAS ACCIDENT REPORTED TO THE COUNCIL (IF SO PLEASE PROVIDE THEREF. AND DATE)	
28. WAS THE DEFECT REPORTED TO THE COUNCIL BEFORE YOUR ACCIDENT (IF SO PLEASE PROVIDE THE REF. AND DATE AND THE NAME\ADDRESS OF PERSON MAKING THE REPORT)	
29. HAS THE DEFECT BEEN REPAIRED (IF SO PLEASE IDENTIFY THE REPAIRER AND DATE OF REPAIR)	
30. WHAT TYPE OF SHOES WERE YOU WEARING	
31. DO YOU WALK WITH THE AID OF A STICK OR ARE YOU DISABLED IN ANY WAY WHICH AFFECTS YOUR ABILITY TO WALK	
32. DESCRIPTION OF HOW ACCIDENT OCCURRED AND SKETCH PLAN SHOWING POSITION OF VEHICLES ROAD SIGNS AND LIGHTS, WITNESSES ETC.	
33. PAVEMENT CONDITIONS	
34. VISIBILITY/WAS OBSTRUCTION WELL LIT	
35. WERE YOU RUNNING OR WALKING	
36. ARE YOU IN POSITION TO RECLAIM VAT?	

I **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** of **{** MERGEFIELD "CLIENT_HOUSE" **}**, **{** IF **{** MERGEFIELD CLIENT_AREA **}**= "" "" "**{** MERGEFIELD CLIENT_AREA **}**, " **}{** MERGEFIELD "CLIENT_POSTAL_TOWN" **}**, **{** IF **{** MERGEFIELD CLIENT_COUNTY **}**= "" "" "**{** MERGEFIELD CLIENT_COUNTY **}**, " **}{** MERGEFIELD "CLIENT_POSTCODE" **}** hereby confirm that the information given in the Accident Questionnaire is true.

Signed .....

Dated.....

INJURY QUESTIONNAIRE

Please read these notes and complete questions.

When an accident occurs you invariably suffer from reaction to the accident, whether it be of a serious nature e.g. broken limbs, cuts, bruises etc. (for which more detailed evidence by way of medical reports will be obtained in due course), OR of a less serious nature e.g. shock, shaking up, trembling, loss of sleep, anxiety, apprehension etc.

In ALL cases where you have been affected by an accident in these ways it is proper that a claim for damages should be pursued against the Insurance Company. Will you please complete the form below relating only to your injuries, to provide us with information regarding the effects the accident had upon you in order that we may consider whether a claim for compensation on your behalf is appropriate.

PLEASE TICK BELOW (where appropriate)

TREMBLING

BROKEN LIMBS

LOSS OF SLEEP

CUTS

ANXIETY

BRUISING

APPREHENSION

SHOCK

OTHER (set out below)

SHAKING UP

PLEASE STATE MORE FULLY THE EFFECTS OF THE ACCIDENT UPON YOU

HAVE THE EFFECTS NOW SUBSIDED AND IF SO HOW LONG DID THEY LAST?

I **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** of **{** MERGEFIELD "CLIENT_HOUSE" **}**, **{** IF **{** MERGEFIELD CLIENT_AREA **}**= "" "" "**{** MERGEFIELD CLIENT_AREA **}**, " **}{** MERGEFIELD "CLIENT_POSTAL_TOWN" **}**, **{** IF **{** MERGEFIELD CLIENT_COUNTY **}**= "" "" "**{** MERGEFIELD CLIENT_COUNTY **}**, " **}{** MERGEFIELD "CLIENT_POSTCODE" **}** hereby confirm that the information given in the Accident Questionnaire is true.

Signed .....

Dated.....

MITIGATION OF LOSSES

It is your legal duty to keep your losses to a minimum. Therefore when you feel able to return to work you should do so obviously in this context you will need to speak to your medical advisers. The insurers will not pay for loss of wages for a period in which they feel you could reasonably have been working.

CHEQUES ACT 1992

On the 16th June 1992 the Cheques Act 1992 became law. In consequence in order for us to complete your claim we would be obliged if you would kindly sign the attached authority.

File Ref:

Date of Accident: **{** MERGEFIELD TK_ACCDETS_tkACCDATE **}**

I **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** of **{** MERGEFIELD "CLIENT_HOUSE" **}**, **{** IF **{** MERGEFIELD CLIENT_AREA **}**= "" "" "**{** MERGEFIELD CLIENT_AREA **}**, " **}{** MERGEFIELD "CLIENT_POSTAL_TOWN" **}**, **{** IF **{** MERGEFIELD CLIENT_COUNTY **}**= "" "" "**{** MERGEFIELD CLIENT_COUNTY **}**, " **}{** MERGEFIELD "CLIENT_POSTCODE" **}**
HEREBY REQUEST AND AUTHORISE the Insurance Company to draw a cheque in respect of my claim for damages arising out of the above mentioned accident in favour of my Solicitors, **{** MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**.

SIGNED.....

DATED.....