



PERSONAL INJURY INFORMATION

**File Name & Reference: James Neilson
PW/MOR/BTE**



GENERAL INFORMATION

1. (a) Your full name; (b) date of birth; (c) address; (d) telephone number at home and at work; (e) your National Insurance Number.

2. Whether you have suffered from any disabilities in the past.

3. Whether you hold any general accident insurance covering compensation in respect of the accident you have suffered.

YOUR ACCIDENT

Please provide us with information on the following matters:-

1. The date, time and scene of the accident.

2. The parties involved in the accident.

3. How the accident was caused.

4. The names, addresses and telephone numbers of any witnesses.

5. What happened immediately after the accident, in particular were any comments made by people connected with the accident or others around you?

6. Who do you think was at fault and why?

YOUR INJURIES

1. The nature and extent of your injuries.

2. When the injuries became apparent.

3. The nature of any treatment and the duration of that treatment.

4. The name of your *General Practitioner* and the hospital/surgeon/doctors who treated you and the dates of treatment.

5. Your current physical status, including assessment of your injuries, pain, treatment and disablement.

6. If the injuries involve continuing treatment what do you understand the prognosis to be?

7. The effects upon your lifestyle.

8. If you have been off work, how long have you been off work and how long do you anticipate continuing to be off work?

9. Have you suffered a loss of earnings and/or loss of overtime? If so, what do you estimate that to be to date?

10. What restrictions, if any, have you suffered in your domestic or social life?

11. Have you been paid Statutory Sick Pay or Health Insurance payments?

12. Have you incurred any expenses directly or indirectly as a result of the accident?