

Client Details			
Full Name			
Address			
Post Code			
Home Tel		Mobile Tel	
E-Mail			
Date Of Birth		Ni No	

Employment Details			
Employment Status	Employed / Self Employed/ Retired/ Unemployed		
Occupation			
Managers Name			
Company Name			
Address			
Contact Tel Number			
Insurer Name			
Insurer Tel		Policy No	
Length Of Service			
Do You Still Work There?			
Brief Description Of Duties			
Did/Does The Role Require Training? If Not Why Not?			
What Protective Clothing Were You Meant To Wear? If Not Wearing It, Why Not?			

Were You Doing Anything Unusual For Your Role When The Accident Occurred?

Accident Details			
Accident Date		Accident Time	
Location			
Describe What You Were Doing Before The Accident.			
Describe What Happened Next.			
Were You Treated By A First Aider?			
Were The Emergency Services Called?			
To Whom Was The Accident Reported (Name And Position)			
Was An Entry Entered Into The Accident Book?			
Was A Senior Health And Safety Executive Involved?			
Why Do You Hold Your Employer Responsible?			

Has Your Employer Admitted Responsibility?	
Have Working Practices Changed Since Your Accident?	
Is Your Employer Insured And Still Trading?	
Any Time Off?	Approx Income Lost
Any Other Relevant Information?	

Witness Details			
Name		Contact Tel	
Name		Contact Tel	
Name		Contact Tel	
Name		Contact Tel	

Injury Details			
<i>Physical</i>			
Cuts/Bruises		Bump On Head	
Blurred Vision		Broken Bones	
Still Suffering		If Not How Long?	
Any Other Physical Injuries?			
Any Of The Above Prior To Incident?			
<i>Non-Physical</i>			
Concentration/Memory		Mood Disturbance	
Sleep Affected		Feel Bad	
Avoid Area		Disrupted Life	
Socialise Less		Think About Accident?	
Flashbacks		Headaches/Dizziness	

Treatment Details			
Attended GP?		GP Name	
Surgery Address			
Did GP Prescribe Treatment? If So What.			
Attended Hospital		Hospital Name	
Hospital Address			
Treatment Or Medication?			

Special Damages			
Damaged Clothes?		Approx Cost	
Travel Expenses		Approx Cost	
Other Personal Items Damaged?			
Have You Had Any Care And Assistance: Relatives Helped Re Getting Dressed Etc.			

Previous Accidents			
Any Previous Accidents		How Many	
Please Give Details			

Please Sign And Confirm The Following:-	
<p>I, (Name) Wish You To Act On My Behalf In Connection With My Claim Arising Out Of The Above Accident And That I Have No Other Solicitors Whom I Wish To Instruct. I Authorise You To Supply Relevant Information Of My Claim (Other Than Personal Injuries) To The Introducer I.E. Legal Expenses Scheme/Broker/Garage.</p> <p>I Authorise (Solicitors Name) To Commence County Court Proceedings On My Behalf To Expedite, Settle And To Sign Court Documents On My Behalf When They Consider Appropriate.</p> <p>I Hereby Authorise You To Contact Me If There Are Other Services You Provide Which You Believe May Be Of Interest To Me.</p> <p>Statement Of Truth</p> <p>I,(Name) Believe The Facts Stated In This Statement Are True.</p>	
Signed	Date