

Instruction Notes

Our Client

Name	
	<i>Passenger</i>
D.O.B	
Address	
Post Code	
Telephone	
National Insurance	
Email	
Occupation	
Vehicle Reg	
Vehicle Description	
Insurance Company	
Address	
Postcode	
Telephone	
Reference	
Occupants	

Damage to Client Vehicle	Yes	No	-

Injury Sustained by Client Summary	Yes	No
<i>Soft Tissue, Whiplash, Shoulder pain, Neck pain & back pain</i>		

Date/Time Of Accident	
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Circumstances	

Personal Injury Checklist

	Yes	No	
Client ID and POA			
CFA (25%)			
Client Care Authority Form			
Damages cheque Form			
Medical Consent Form			
Alternative Funding Q			
Client Care			
RTA Claim submitted			
Client Sent for Medical			
Medical Report Approval			

3rd Party

Name	
Address	
Post Code	
Telephone	
Occupants	
Vehicle Reg	
Vehicle Description	
Insurance Company	
Policy Number/Ref	
Case Handler	
Address	
Postcode	
Telephone	
Fax	
Email	

Location	
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