

# 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	

Personal injury	Yes	No	-
Vehicle damages	Yes	No	
Hire: start date			
Hire ref:			
Vehicle owner			

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

Date/Time Of Accident	
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Circumstances	

## Personal Injury Checklist

No of passenger			
Weather Condition			
GP attendance date			
Hospital attendance			
Hospital name and post code			

## 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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