

Client Name:

Our ref:

RTA DEPARTMENT

PLEASE FILL IN THIS QUESTIONNAIRE (all sections) IN FULL. ALL OF THE INFORMATION IS NEEDED IN ORDER TO PROGRESS YOUR CLAIM. IF YOU DO NOT SUPPLY THE CORRECT INFORMATION AT THE BEGINING OF YOUR CLAIM IT MAY IMPEDE THE SETTLEMENT OR PROGRESS OF YOUR CLAIM AT A LATER STAGE.

CLIENT QUESTIONNAIRE

Client Details

Name	
Address	
Postcode	Date of Birth
National Insurance number:	
Driving licence number:	
Contact Tel:	
Mobile Tel:	
Email address	
Occupational details:	

Litigation information

Friend Name	DOB
National Insurance number	

Vehicle Details

Make	Model		
Vehicle Registration Number			
Insurance company name			
Policy number			
Cover type	Comprehensive Third Party, fire and Theft Third party only		
<ul style="list-style-type: none"> • Is your insurance company dealing with your vehicle • Excess on Policy • Is your vehicle in a storage • Storage Location 	YES/NO YES/NO YES/NO		
<ul style="list-style-type: none"> • Have you hired a car • Car hire company name 	YES/NO		
Is your vehicle repairable	YES/NO	Is your vehicle driveable	YES/NO

Third Party Details

Name	
Address	
Make	Model
Vehicle Registration Number	Policy number
Insurance company name	

Tel	Fax	Email
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Accident information

Date	Time
Location Address	
Please write details of the accident including details of other vehicles (if involved). Also, draw a sketch plan of the accident.	

Sketch

Passenger and Witness Details

Please fill in this page if you had passengers in your vehicle

No of passengers

Were there any witnesses?

Witness/ Passenger 1

Name

Address

Contact #

Was this witness/passenger1 in your vehicle YES/NO

Injured	YES/NO
Witness/ Passenger 2	
Name	
Address	
Contact #	
Was this witness/passenger1 in your vehicle	YES/NO
Injured	YES/NO
Witness/ Passenger 3	
Name	
Address	
Contact #	
Was this witness/passenger1 in your vehicle	YES/NO
Injured	YES/NO

Seating Allocation of Passengers

Using the diagram below please sketch where the passengers/witnesses 1-3 sat in the vehicle.





Information regarding your personal injury

Please fill in the details below if you were injured

- Injury to
 - 1. Head YES/NO
 - 2. Neck YES/NO
 - 3. Back YES/NO
 - 4. Other (please specify)

- Were you wearing your seatbelt YES/NO
- Did you attend your GP YES/NO
- Did you attend hospital YES/NO
- Have you fully recovered YES/NO
If Yes, When? Date
- Have you had a similar injury before YES/NO
- Have you even been involved in any other accidents YES/NO

Please provide further details if you have marked the above question "YES"

Personal Loss (earning and other related losses)

Please fill in the details below if you have had any lost of earnings due to this accident

- Are you self Employed YES/NO
- please provide the contact details for your employer/accountant

The details below are of my accountant/employer

Name
Address

Contact#

Please send all the receipts/invoices to us- without this proof we would not be able to recover your losses.

Police

Please fill in the details below if the police was called

- Name of police station
- Address of police station

- Office name
- Officer number
- Police reference number

Did they attend the scene

YES/NO

Other information

Please provide us with any other information that you may think we would need to handle your case efficiently regarding the following

- Other Passengers/witnesses
- Vehicle details
- Accident details
- Third party details
- Loss of earnings
- Personal injury