

# PERSONAL INJURY QUESTIONNAIRE



**Ward Gethin Archer**

SOLICITORS AND NOTARIES

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## **A About You**

Title: Mr  Mrs  Miss  Ms  Other  .....

Surname: .....

Forename(s): .....

Address: .....

..... Post Code: .....

Home: .....

Telephone Numbers Work: .....

Mobile: .....

Email Address: .....

Date of Birth: .....

National Insurance Number: .....

## **B About Your Job**

Occupation: ..... Length of Service: .....

Employer's Name: .....

Employer's Address: .....

..... Post Code: .....

## **C About Your Accident**

Date of Accident: ..... Time: .....

Date and Time ceased work: .....

Date returned to work: .....

If anyone witnessed your accident, please give their name and address:

.....  
.....

Is there anyone else who can supply useful information e.g. Your shop steward or health and safety representative:

.....  
.....

Description of injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP's Name: \_\_\_\_\_

GP's Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Name and address of any hospitals at which you received treatment:  
\_\_\_\_\_  
\_\_\_\_\_

Who do you regard as responsible for your accident:      Employer  Someone Else

**If your employer is not responsible, please complete this section:**

Name of Person Responsible: \_\_\_\_\_

Address of Person Responsible: \_\_\_\_\_

Post Code: \_\_\_\_\_

If it was a road traffic accident, please state name of driver and registration number of each vehicle involved, together with their insurance details, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_