

WardGethin

SOLICITORS & NOTARIES

10-12 Tuesday Market Place, King's Lynn, Norfolk, PE30 1JT.
Telephone: (01553)660033 Fax: (01553)766857

PERSONAL INJURY QUESTIONNAIRE

ABOUT YOU

TITLE: MR / MRS / MISS / MS

SURNAME :

FORENAMES:

ADDRESS:

.....

POST CODE: EMAIL:

TELEPHONE NUMBERS: HOME:

WORK: MOBILE:

DATE OF BIRTH:

NATIONAL INSURANCE NUMBER :

ABOUT YOUR JOB

OCCUPATION: LENGTH OF SERVICE:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

.....

..... POST CODE:

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:

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..... P.T.O.

IS THERE ANYONE ELSE WHO CAN SUPPLY USEFUL INFORMATION E.G. YOUR SHOP STEWARD OR HEALTH & SAFETY REPRESENTATIVE:

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DESCRIPTION OF INJURIES:

.....

NAME AND ADDRESS OF YOUR GP:

.....

.....

NAME AND ADDRESS OF ANY HOSPITALS AT WHICH YOU RECEIVED TREATMENT:

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WHO DO YOU REGARD AS RESPONSIBLE FOR YOU ACCIDENT: employer / someone else

IF EMPLOYER NOT RESPONSIBLE PLEASE COMPLETE THIS SECTION:

NAME OF PERSON RESPONSIBLE:

ADDRESS:

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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:

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