

PERSONAL INJURIES ONLINE FORM

<u>FULL NAME</u>	
<u>DATE OF BIRTH</u>	
<u>ADDRESS</u>	
<u>TELEPHONE NUMBER</u>	

ACCIDENT AT WORK

<u>EMPLOYER'S NAME</u>	
<u>EMPLOYER'S ADDRESS</u>	
<u>TELEPHONE NUMBER</u>	
<u>JOB DESCRIPTION</u>	

ROAD TRAFFIC ACCIDENT

<u>DRIVER'S NAME</u>	
<u>DRIVER'S ADDRESS</u>	
<u>DETAILS OF INSURANCE COMPANY</u>	



DETAILS OF ACCIDENT

<u>DATE OF ACCIDENT</u>		
<u>TIME OF ACCIDENT</u>		
<u>LOCATION</u>		
<u>DESCRIPTION OF ACCIDENT</u>		
<u>DESCRIPTION OF INJURIES</u>		
<u>NAME AND CONTACT DETAILS OF WITNESSES</u>	Name	Contact Details
	1.	
	2.	
	3.	
	4.	
<u>WERE YOU HOPSITALISED OR DID YOU VISIT YOUR GP?</u>		
<u>DETAIL HOSPITAL AND GP TREATMENT RECEIVED AND NAME OF CONSULTANT</u>		
<u>IF IT WAS AN ACCIDENT AT WORK WERE YOU INTERVIEWD BY THE HEALTH AND SAFETY INSPECTORATE</u>		



GP DETAILS

<u>GP NAME</u>	
<u>NAME OF MEDICAL PRACTICE</u>	

CURRENT POSITION

<u>IMPACT OF INJURIES NOW</u> e.g. level of pain, impact on life and ability to work	
<u>HAVE YOU BEEN SIGNED OFF WORK AS A RESULT OF YOUR INJURIES AND IF SO FROM WHICH DATE</u>	

