

Accident assessment questionnaire

About this questionnaire

This questionnaire is important: it will generally provide most of the information we need in order to make an initial assessment of your claim.

Please complete it carefully and fully. If you need extra space, please continue on a separate page, noting the relevant question number at the top of the page. If you think other details may be relevant give these.

When you have completed the questionnaire, please sign and date below and return it to us by post, fax or email a scanned copy.

Signature

I confirm that I have carefully read and completed this questionnaire and the details given are, to the best of my knowledge and belief, complete and true.

Signed

Dated

Completed form may be returned to Nick Richardson:

By post

Willans LLP solicitors
28 Imperial Square
Cheltenham, Gloucestershire
GL50 1RH

Fax: 01242 582751

Email: nick.richardson@willans.co.uk

Section A

General information

(to be completed in all cases)

Full name

Address

.....

.....

.....

.....

Contact details

Home tel

Work tel

Mobile

E-mail

Date of birth

National insurance number

Are you registered for VAT?

Employer's name and address

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.....

.....

Your occupation

Date and time of accident

.....

Place of accident

.....

.....

Accident assessment questionnaire

- 1** In the space below, please describe in detail, and in your own words, what happened. Please draw a sketch and show:
- (a) where you were
 - (b) the position of all vehicles/machinery/equipment
 - (c) the position of any witnesses
 - (d) the exact position where the impact took place.

Try to identify any features which will allow the precise position of the accident to be located when inspecting the scene. Indicate line of travel of all persons, vehicles etc. In many cases it is helpful if you take photographs as soon as possible after the accident.

In the case of a trip, photographs are essential. If possible, place an everyday object (eg a matchbox) next to the obstruction to give a comparison of size. You should also note the depth or height of the obstruction and give any other relevant dimensions on your sketch. Photographs should be taken from several angles so as to illustrate the scene clearly.

Accident assessment questionnaire

- [illegible]

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Section B

Road traffic accident

(only to be completed for road traffic accidents)

- 13** Give details of all drivers (names and addresses) their vehicles and insurance.

This image shows a full page of primary-ruled notebook paper. It features ten horizontal rows. Each row is defined by two parallel horizontal dashed lines. Vertical dotted lines are placed on either side of each row to create margins. The entire page is white and contains no text or other markings.

- 14** Do you have a current driving licence?

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- 15** Had any driver been drinking? If so please give details.

[illegible]

- 16** If you were moving at the time of the collision, at what speed were you travelling?

[illegible]

- 17** Were you wearing a seat belt?

.....

- 18** What is your estimate of the speed of the other vehicle at the moment of collision?

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.....

- 19** Describe the road and weather conditions.

[illegible]

- 20** Was the accident reported to the police? If so, to what police station?

[illegible]

- 21** Did the police prosecute any driver? If so, who?

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