GRANT SAW
SOLICITORS LLP

Road Traffic Accident Questionnaire

* Please answer as many applicable questions as possible and in block capital letters*

Your details

Title	
Name	
Middle Name	
Surname	
Date of Birth	
Occupation	
Vehicle Registration Number	
National Insurance Number (NIN)	
Is this a child claim?	
If you do not have a National Insurance Number, please explain why	
Address	
Telephone	
Email	

Defendant's Details

Defendant's Status	Private / Business
Title	
Name	
Middle Name	
Surname	
Defendant's Address	
Driver's Name	
Policy Reference Number	
Vehicle Registration Number	

Defendant's Insurer's Name	

Injury and Medical Details

Injury Type	Soft Tissue/Whiplash/Bone Injury/Other:
Injury description	
Have you had to take any time off work as a result of the injury?	Yes / No
Are you still off work?	Yes / No
If no, how many days in total did you have off work?	
Did you attend hospital as a result of the accident?	Yes / No
If yes, on what date did you first do so?	
Hospital Type	NHS/Private/Other:
Hospital Name	
Hospital Address	
Were you detained overnight?	Yes / No
If so, how many days and nights were you in hospital for?	
Have you sought any medical attention since the accident? (If yes, provide dates)	Yes / No Date:

Rehabilitation

Has a medical professional recommended that you should undertake any rehabilitation such as physiotherapy?	
Do you require any rehabilitation needs as a result of the accident?	

Vehicle Damage

Are you claiming damage to your own vehicle?	Yes / No
Insurance cover held for your vehicle?	
Is the claim for vehicle damage proceeding through your insurer?	Yes / No
If no, is the claim for vehicle damage proceeding through a alternative company?	
Is the vehicle a total loss or likely to be?	Yes / No

Alternative Vehicle Provision

Have you been provided a vehicle by your insurer?	Yes / No
Do you require the use of an alternative vehicle?	Yes / No
Have you been provided with the use of an alternative vehicle from elsewhere?	Yes / No
If yes, is the hire need still ongoing?	
What is the provider of vehicle's name?	
Provider of vehicle's address	
Reference number (if applicable)	
Start date and end date of vehicle hire	
Do you require the defendant's insurer to provide you with an alternative vehicle?	Yes / No

Accident Details

At the time of the accident were you the	Driver/Passenger/Cyclist/Pedestrian/Other:
If you were the driver or a passenger, how many occupants were in the vehicle?	
If you were the driver or a passenger, were you wearing a seatbelt?	Yes / No

Accident Time, Location & Description

Accident date	
Accident time	

Accident location & address of accident	
Weather conditions at time of accident	
Road conditions at time of accident	
Brief description of the accident, including approximate speeds of all vehicles and details of the areas of vehicle damage	
Was the accident reported to the police?	Yes / No
If yes, what was the police station name	
Police station's address	
Police officer's name	
Police reference number	

Accident Involving a Bus or Coach

Did the accident involve a bus or a coach?	
If yes, please give a description of vehicle, including route number and direction of travel, colour and markings of vehicle	
Is evidence of travel available?	

Other Parties Involved or Witnesses

Full Name(s)	
Address(es)	
Contact Number(s)	
Party Type	Witness / Other:

How many other parties or witnesses were involved in total?	
Please provide any further information about the parties/witnesses involved	

Liability

Why do you believe that the defendant was responsible for the incident?	

Funding

Have you undertaken a funding arrangement for your claim?	

Other Relevant Information

Please provide any other relevant information	

Signed…….

Dated…….