

Did an ambulance service or fire services attend the scene? Yes No
Did you attend hospital as a result of the incident? Yes No
If Yes, Hospital Name: _____ Address: _____ Postcode: _____

Were you detained in the hospital overnight? Yes No
If Yes, How many days: _____ Doctor/specialist Name who treated you: _____

Full name of your doctor (GP): _____
Address: _____ Postcode: _____

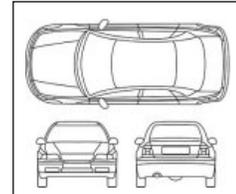
4. Motor Vehicle and Insurance / Details of your Vehicle

Make: _____ Model: _____ Registration No: _____
Name of your broker / insurer(s): _____ Policy Number: _____
Address: _____ Postcode: _____

Do you have legal expenses insurance cover? Yes No
If Yes, who with? Name: _____ Policy Number: _____

What type of insurance do you have?
 Comprehensive Third Party Fire & Theft Third Party
Is there any excess charge in your insurance policy? Yes, £ _____ No

Was your vehicle damaged as a result of the accident? Yes No
If Yes, please state extent of damage and draw a bird's eye sketch if this helps.



If your vehicle can be repaired how much will it cost and is there an estimate? £ _____
Do you wish to claim loss of use of your vehicle pending repair or replacement through your insurer or an alternative company? If alternative company, please provide details:

Name: _____ Address: _____ Postcode: _____

Is the claim for repairs to your vehicle proceeding through your insurer? Yes No
If No, will it proceed through an alternative company? Yes No
If Yes, Name: _____ Address: _____

Where is your vehicle now and is it available for inspection?
Do you wish for your insurers to organise the repairs and inspection? Yes No

Is your damage beyond economical repair? Yes No Don't know
If Yes, what was its value at the time of the accident? £ _____
If you are not responsible for the repairs, please provide details of the owner:
Name: _____ Address: _____ Postcode: _____

How many days were you without a vehicle?

