

**ELLIS-FERMOR & NEGUS**

**SOLICITORS**

**CLIENT GENERAL ACCIDENT QUESTIONNAIRE**

REF: \_\_\_\_\_

**CONFIDENTIAL**

**SECTION A**

**Personal Details**

1. Name:

2. Address:

Telephone - Home:

Work:

Mobile No:

3. Address for correspondence:  
(if different)

4. Date of Birth:

5. Marital Status: MR/MRS/MISS

6. Number and ages of children:

7. National Insurance No:

8. Do you have any Legal Expenses Insurance? YES/NO

(Please check all relevant motor insurance policies and household insurance policies and send us a copy of the house insurance schedule as at the date of your accident)

## **SECTION B**

### **Accident Details**

1. Date of Accident:

2. Time of accident:

3. Location of accident:

4. Description of how the accident occurred:

Please provide a sketch plan of the scene of the accident

(Please continue over the page if necessary)

**SECTION B**

Question B continuation 4.

5. Who or what do you consider was to blame for your accident?

Please explain why:

6. Was the accident reported? YES/NO  
If the answer is YES -

When?

Who reported it?

Who to?

In what terms?

7. Please give details of all witnesses:

1.

2.

3.

Names:

Addresses:

## **SECTION C**

### **Medical**

1. Name and address of hospital:  
(if attended)
  
2. How long were you in hospital?
  
3. Name and address of GP:   Name:  
  Address:
  
4. Injuries sustained:
  
5. Current injuries complained of:
  
6. Any previous similar injury?

## SECTION D

### Employment Details

1. Name and address of employers at the time of accident:

Date started:

2. Name and address of employers now (if different):

Date started:

3. Name and address of person to provide earnings details:

- |    |                         |            |          |                |
|----|-------------------------|------------|----------|----------------|
| 4. | Gross and net earnings: | Gross<br>£ | Net<br>£ | per week/month |
| 5. | Regular hours of work:  |            |          | per week/month |
- 

6. Job Title:

7. Department in which you work:

8. Period of absence from work:

9. If absence from work is continuing, when is anticipated date of return to work?

10. What payments did you receive whilst absent from work? £

11. Have you returned to your normal job? YES/NO  
If NOT, what job are you doing?

12. Have you continued to lose pay since you returned to work? YES/NO

If YES, please give details of lost basic, overtime, bonus etc:

## SECTION E

### Miscellaneous Details

1. Have you applied for and are you receiving state benefits? YES/NO  
If so please specify:
2. Address of local DSS Office:
3. Travel Expenses: £  
(Please provide details)
4. Clothing Expenses: £  
(Please provide details)
5. Medical Expenses: £  
(Please provide details)
6. Any other losses or expenses: £  
(Please provide details)
7. Is there any other information that you would like to tell us which you think is relevant?
8. Clothing / equipment expenses: £
9. Medical expenses: £
10. Any other losses or expenses: £



I HEREBY AUTHORISE MY SOLICITOR TO TAKE ANY NECESSARY ACTION TO BRING MY CLAIM FOR COMPENSATION.

SIGNED: .....

DATED: .....

Please return this form to:

Ellis-Fermor & Negus Solicitors  
5 Market Place  
Ripley  
Derbyshire  
DE5 3BS

Ellis-Fermor & Negus Solicitors  
2 Devonshire Avenue  
Beeston  
Nottinghamshire  
NG9 1BS

TEL: 01773 744744

TEL: 0115 922 1591

Please inform us how you came to choose this firm:

- a) previously used this firm
- b) because of an advertisement
- c) other – please specify