

MARTIN & STRAIN
ACCIDENT EVALUATION FORM

First Name:

Last Name:

Address:

Your date of birth:

Telephone number (home/work or day/evening):

Fax:

Email:

National Insurance Number:

Present Occupation:

How long in this Employment?

Incident Date:

Incident Time:

Incident Location:

Any Passengers? (if appropriate)

Any Witnesses?

*Description of Incident – what happened?
(go to back page if more space needed)*

Describe your injuries:

How well have you recovered?

Name & Address of treating hospital and hospital number:

Name & Address of your GP:

Name & Address of your Specialist:

The person or organisation responsible for the incident:

Why do you believe they were responsible?

Are they insured?

What are your financial losses?

Do you have legal expense insurance?

Consider: motoring insurance, household insurance, credit card?

How would you prefer to be contacted?

Telephone on this number:

Fax on this number:

By Email to:

Is there anything else you think we need to know?

Signed: _____ *Dated:* _____