

Personal Injury Questionnaire

Please complete this form if you are claiming as a result of a negligent third party.

Full Name: _____
 Policy Number: _____

Claim Ref: _____

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date and time of accident | |
| Where did the accident happen? | |
| <p>What caused the accident?</p> <p>Please give a full an explanation as possible to include and relevant external factors.</p> | |
| <p>Do you consider anyone else to be responsible for your accident?</p> <p>Please give the relevant contact details and the reason/s why you blame them.</p> | |
| If a package holiday, please provide the details of your travel agent and tour operator. | |
| If your injury was sustained during an excursion please provide details of the company who organised this. | |
| <p>Was anybody else injured in the accident?</p> <p>Please provide details.</p> | |
| Please provide details of any witnesses to your accident and contact details if available. | |

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| <p>Do you have any other evidence available to help substantiate your claim e.g. photographs?</p> | |
| <p>Did you report your accident to anybody e.g. the Police/tour operator/holiday representative or any other authority?</p> <p>If so, please provide the contact details, any reference number and where possible, a copy of their report.</p> | |
| <p>Please provide details of any other insurance policies you hold that may have provided cover for you at the time of the accident e.g. a Bank Account or Credit Card that comes with Travel Insurance or Private Health Insurance that may cover you for costs of the treatment you received.</p> | |
| <p>Have you appointed your own Solicitor or been in touch with the Legal Expenses Insurers under your policy to assist you in recovering any losses sustained?</p> <p>If so, please provide us with their contact details and your claim reference number.</p> | |

Thank you for your assistance in completing the above information.

Declaration: (this must be signed)

I declare that the above statements are true and correct to the best of my knowledge and belief.

Signature: _____

Date: __/__/__