

PERSONAL INJURY CLAIM FORM

Name: _____

Address: _____

Date of Birth: _____

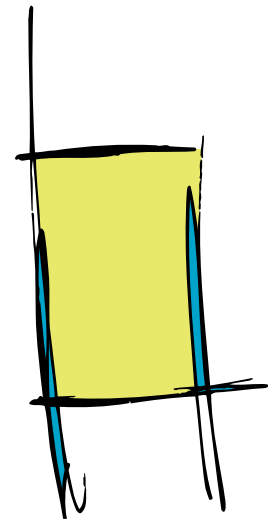
Telephone numbers

Home: _____

Work: _____

Fax: _____

Email _____



Woodford
Stauffer
Solicitors

YOUR ACCIDENT

TYPE OF ACCIDENT:

- | | |
|----------------------------------|--------------------------|
| Car | <input type="checkbox"/> |
| Accident at Work | <input type="checkbox"/> |
| Trip on Public Highway | <input type="checkbox"/> |
| Trip or fall on Private Property | <input type="checkbox"/> |
| Accident on Holiday | <input type="checkbox"/> |
| Military Accident | <input type="checkbox"/> |
| Dog Bite | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Medical Negligence | <input type="checkbox"/> |

Date of Accident: _____

Location of Accident: _____

Brief Details of what happened to you:

Whose fault do you consider the accident to have been?

Why?

YOUR INJURIES

Give a brief description of the injuries you sustained and the treatment you have had to date.

Did you go to Hospital?

Yes

No

If so, which Hospital?

If you did not go to hospital
did you go to your GP?

Yes

No

Are you able to work at present?

Yes

No