STRAIN A'I GWMNI AND COMPANY

ACCIDENT EVALUATION FORM

First Name: .....

Last Name: .....

Address: .....
.....
.....

Date of birth: .....

Contact No: .....

Email: .....

National Insurance Number: .....

Present Occupation: .....

How long in this Employment: .....

Accident Date: .....

STRAIN A'I GWMNI AND COMPANY

Accident Time: .....

Accident Location: .....

Any Passengers?
(if appropriate): .....

Any Witnesses: .....

Description of accident
(what happened): .....
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STRAIN A'I GWMNI AND COMPANY

Describe your injuries: .....

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How well have you recovered: .....

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Name & Address of treating hospital and hospital number:

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Name & Address of your GP:

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Name & Address of your Specialist:

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STRAIN A'I GWMNI AND COMPANY

The person or organisation responsible for the incident: .....
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Why do you believe they were responsible: .....
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Are they insured: .....

What are your financial losses: .....
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Do you have legal expense insurance: .....
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(Consider: motoring insurance, household insurance, credit card)

How would you prefer to be contacted?
Telephone/Email/Post: .....

STRAIN A'I GWMNI AND COMPANY

Is there anything else you think we need to know: .....

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SIGNED: .....

DATED: .....