

Curzon Green Solicitors



BED BUG CLAIM QUESTIONNAIRE

We set out below a questionnaire to cover some of the main aspects of your Bed Bug Claim.

Please complete the below questionnaire as best you can. If you are unsure of your response to any points, please let us know and we can discuss these further.

1. Personal Information	
Name	
Address	
Telephone (h)	
(w)	
(m)	
Email address	
Date of Birth	
How did you come to hear about us?	
National Insurance Number	
Occupation	
Marital Status	
No. of dependent children under 16	

2. The Accident	
Date and time of accident	
Where did the accident occur? Please specify the hotel room number if appropriate.	
Were any other persons also affected by the bed bugs? (i.e. your children or partner)	Yes / No
Name	
Relation to you	
Date of Birth	
Address (if different from above)	
Telephone (h)	
(w)	
(m)	
Email	
Describe the accident (Please include when you first discovered evidence of bed bugs and yours actions thereafter)	
Did you report the accident?	Yes / No
Name	
Position held	

Did you make any written complaint of the accident? If so, please provide a copy of this.	Yes / No
What measures were taken after you reported the accident? (E.g. were you given a different hotel room or was the place of the accident inspected?)	
Name of the Person or Company responsible for the accident	
Address of Person or Company responsible	
Tel: (h)	
(w)	
(m)	
3. Effect of Accident	
What were your injuries?	
How often do your injuries cause you pain? Do you still suffer from these injuries to date?	
Describe the pain?	
Are you prevented from carrying out any activities? If so, please describe.	
Has you seen a G.P. in relation to your injuries?	Yes / No
G. P. Name	
G.P. Address	
G.P. Telephone Number	
Did you attend a hospital?	Yes / No
Were you detained overnight?	
Name of Hospital	
Address of Hospital	

Name of Consultant				
Period of Time as Inpatient				
Period of Time as Outpatient				
Private Health Care Scheme				
Policy Number				
4. Expenses and Time off Work				
Did you incur any medical expenses? (i.e. prescriptions or special apparatus)		Yes / No		
Did you lose any money or items as a result of the accident? (i.e. damaged clothes, thrown out suitcase)		Yes / No		
Travel Expenses:				
To	From	Miles	Dates travelled	Purpose
Were you off work?		Yes / No		
Employers Name				
Employers Address				
Pay Roll Number				
Monthly Income				
Dates of absence from work				

If applicable, please also provide the following:

- Photographs of evidence of infestation or bed bugs
- Photographs of your injuries
- Evidence of your stay at the place of the accident (i.e. a hotel booking confirmation email or contract)
- If the accident took place in rented accommodation, a copy of the tenancy agreement
- Any medical diagnoses for your injuries
- Any correspondence between you and the person/company responsible for the accident

Thank you for completing our Questionnaire. Please return it by email to the team member who sent it to you, or to bedbugclaims@curzongreen.co.uk

If you have any queries, please contact us today for a free no obligation discussion by calling either our Central London office on 0203 440 3705, or our High Wycombe office on 01494 451 355.