

Curzon Green Solicitors



PERSONAL INJURY FIRST INTERVIEW QUESTIONNAIRE

Name	
Address	
Telephone (h)	
(w)	
(m)	
Email address	
Date of Birth	
How did you come to hear about us?	
National Insurance Number	
Address of Local DWP	
Any Benefits Claimed?	
Occupation	
Marital Status	
No. of Dependant Children under 16	
Person or Organisation Responsible for Accident	

Address of Person or Organisation Responsible	
Tel: (h)	
(w)	
(m)	
Name of Person's Insurance Company	
Address of Insurance Company	
Policy Number	
Date and time of Accident	
Where did the Accident Occur	
Describe the accident (please include time, light conditions and visibility etc if applicable)	
Were there any witnesses?	
Name of Witness	
Address	

Did you report the accident?	
Name	
Position Held	
Were the Police involved?	
Constabulary	
Name of PC(s)	
Address	
Tel:	
Did you attend a Hospital?	
Were you detained overnight?	
Name of Hospital	
Address of Hospital	
Name of Consultant	
Period of Time as Inpatient	
Period of Time as Outpatient	
G.P. Name	
G.P. Address	
G.P. Telephone Number	
Private Health Care Scheme	
Policy Number	
What were your injuries?	

How often does it cause you pain?				
Describe the pain				
Has a medical professional recommended any rehabilitation such as physiotherapy? (please give details)				
Are you prevented from carrying out any Activities? If so, please describe.				
Did you lose any money as a result of the accident or incur any expenses? If so, please give all details				
Payments made as a result of the accident (i.e. damaged clothes, prescriptions, special apparatus)				
Travel Expenses:				
To	From	Miles	Dates travelled	Purpose

Were you off work?				
Employers Name				
Address				
Pay Roll Number				
Monthly Income				
Dates of absence from work				

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