

REMEMBER TO SIGN PAGES 7 AND 8

Ref:

**MyAccident.co.uk**

**Hughes Walker Solicitors Ltd**  
**ROAD ACCIDENT QUESTIONNAIRE**

*Leave blank any questions you are unable to answer*

When you have completed & signed this document, please forward it to Hughes Walker Solicitors Ltd, 82 Bolton Street, Bury, Lancs, BL9 0LL; or fax it on 0161-763-7558; or e-mail it in PDF format to [mark@MyAccident.co.uk](mailto:mark@MyAccident.co.uk)

**1. DETAILS OF CLAIMANT**

Title (Mr/Mrs/Miss/Ms/Other): .....

First Names: .....

Surname: .....

Address: .....

Postcode: .....

Indicate status (*delete any not applying*): vehicle owner/driver/passenger/  
motor-cyclist/pedestrian/wearing seat belt

Occupation: ..... Date of Birth: .....

Telephone Nos. (home): ..... (work): .....(mobile).....

Email:.....

Are you VAT registered: YES / NO

Your National Insurance no: .....

Your employer's name & address: .....

..... Postcode: .....

Clocks or works number: ..... Your normal pay: .....

Gross: £..... Net: £..... per week/month (*delete as applicable*)

Value of your savings: £.....

Indicate status (*delete as applicable*): married/widowed/single/divorced

Full name of husband/wife or other co-habitee living with you: .....

Details of your children (if any):

(1) Full name: ..... Date of Birth: .....

(2) Full name: ..... Date of Birth: .....

(3) Full name: ..... Date of Birth: .....

(4) Full name: ..... Date of Birth: .....  
(Continue on a separate sheet of necessary)

Are you in receipt of any state benefits: **YES / NO** If so, please give details below:

<b>Name of Benefit</b>	<b>Amount per week</b>
.....	.....
.....	.....
.....	.....

**2. YOUR VEHICLE**

Complete this section if you were the owner, driver or passenger in any vehicle involved in the accident.

Full name of driver, if not you: .....

Address of driver, if not you: .....

..... Postcode: .....

Full name of owner, if not you: .....

Address of driver, if not you: .....

..... Postcode: .....

Registration No: ..... Colour: .....

Make of vehicle: ..... Model of vehicle: .....

Please describe any damage to the vehicle:

Show location of damage to the vehicle:



Estimated costs of repairs: £ ..... Has the vehicle been repaired? **YES / NO**

Estimated value of vehicle before accident: £ .....

Date of purchase of vehicle: ..... Purchase price: £ .....

Where is the vehicle now? Address: .....

Telephone No: ..... Was the vehicle roadworthy after the accident: **YES / NO**

Has a replacement vehicle been purchased? **YES / NO** Date of purchase: .....

Have you hired a vehicle? **YES / NO**

If yes, give address of hire company: .....

Were you in the vehicle at the time of the accident? **YES / NO**

If yes, please state location (e.g. back seat driver's side):

Were you wearing a seatbelt? **YES / NO**

If no, was one available? **YES / NO**

**3. INSURANCE DETAILS FOR ABOVE VEHICLE**

Name of policyholder, if not you: .....

Address of policyholder, if not you: .....

Name of insurance company: .....

Address: ..... Postcode: .....

Policy No. ..... Claims Reference No: .....

Please confirm that the accident has been reported to the insurance company: **YES / NO**

Type of cover: Comprehensive / TP / TPFT (*delete as appropriate*)

Has a claim been made under this policy: **YES / NO**

Amount of excess: £ ..... No. of years No Claims Discount: ..... Cover Note no. ....  
(if applicable)

**4. INJURIES**

Complete this section only if anybody was injured

	1 <sup>st</sup> casualty	2 <sup>nd</sup> casualty	3 <sup>rd</sup> casualty	4 <sup>th</sup> casualty
<i>Title of injured party (i.e. Mr/Mrs)</i>				
<i>Name of injured party</i>				
<i>Date of birth</i>				
<i>Address of injured party (incl. Postcode)</i>				
<i>Telephone Nos. of injured party</i>				
<i>Name &amp; address of hospital attended (incl. Postcode)</i>				
<i>Name &amp; address of GP (incl. Postcode)</i>				
<i>Brief description of injury</i>				
<i>Brief details of any treatment/medication given</i>				

**5. DETAILS OF THE OTHER VEHICLE**

Full name of driver: .....

Address of driver: ..... Postcode: .....

Approx. age of driver: ..... Male / Female

Brief description of driver: .....

Full name of the owner of the vehicle (if not its driver): .....

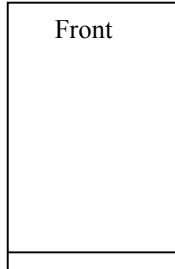
Address of owner (if not the driver): .....

Telephone no. of driver: .....

Telephone no. of owner (if not the driver): .....

Please describe any damage to the vehicle:.....

Show location of damage on this sketch



Registration No: ..... Colour: .....

Make of vehicle: ..... Model of vehicle: .....

**6. INSURANCE DETAILS FOR OTHER VEHICLE**

Name of policyholder: .....

Address of policyholder: ..... Postcode .....

Telephone no. of policyholder: .....

Name of insurance company: .....

Address of insurance company: .....

..... Postcode: .....

Name of insurance broker: .....

Address: ..... Postcode: .....

Policy No: ..... Cover Note No. (if applicable): .....

*If more than two vehicles were involved in the accident then please give details on a separate sheet of paper (as in sections (5) and (6) above) for each additional vehicle.*

**7. WITNESSES TO THE ACCIDENT**

Please give full details of all witnesses

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<i>Title (i.e. Mr/Mrs)</i>				
<i>Full Name</i>				
<i>Address (incl. Postcode)</i>				
<i>Telephone Nos.</i>				
<i>Status (i.e. driver of a vehicle, passenger or pedestrian)</i>				

Continue on a separate sheet of paper if more than 4 witnesses.

**8. POLICE DETAILS**

Has the accident been reported to the Police? **YES / NO**

**If yes,**

Name and PC Nos. of reporting officer: .....

Crime reference nos. if any: .....

Address of police station where reported: .....

**9. DESCRIPTION OF ACCIDENT**

Time: ..... Date: .....

Precise location of accident: .....

Name of nearest town or village: .....

Was it dark or light? **DARK / LIGHT**

If dark, did all vehicles have lights on? .....

Speed of vehicles – Yours: ..... Other: .....

Was either vehicle on the wrong side of the road? If yes, which one: .....

Weather conditions and state of road: .....

Did either vehicle make any indicator signals or give any other warning at the time of the accident?  
**YES / NO**

*If yes, please give details:*

Were the brake lights of your vehicle operating properly? **YES / NO**

Date of last MOT of your vehicle: .....

How exactly did the accident happen? (continue on separate sheet if necessary).....

.....  
.....  
.....  
.....  
.....

Who was to blame and why? .....

Details of any admissions made:

	<i>Full Name</i>	<i>What was said?</i>	<i>When</i>
1.	.....	.....	.....
	.....	.....	.....
2.	.....	.....	.....
	.....	.....	.....
3.	.....	.....	.....

Draw a sketch on the last page of this Questionnaire of what happened, showing all the road markings, traffic signs, speed limits and positions of each witness:

**10. YOUR LOSSES**

Give details of any hobbies or other activities which you have been unable to undertake due to the accident:

.....  
.....

Have you lost earnings? **YES / NO**

List below all expenses incurred as a result of the accident or anything else for which you wish to claim (e.g. damaged property, cost of prescriptions, travel expenses). (Continue on a separate sheet if necessary)

.....  
.....

Please attach any supporting documentation, e.g. receipts.  
If you have suffered permanent cosmetic injury/ permanent scarring please provide photographs.

**Important Note** – Keep a careful record of all further losses and expenses incurred, retain any documentary evidence. Keep any damaged property.

Other comments / information:

***I instruct Hughes Walker to act for me in respect of the above accident. The above information is true to the best of my belief.(I believe that the facts stated in this questionnaire are true)***

**Signed: ..... Dated: .....**  
***If the Claimant is under the age of 18 years then a responsible adult should sign this form on behalf of the child (adults name: )***

**PLEASE ALSO SIGN THE ATTACHED AUTHORITY FOR RELEASE OF YOUR MEDICAL RECORDS**

**AUTHORITY FOR RELEASE OF MEDICAL RECORDS**

MY NAME:

MY ADDRESS:

MY DATE OF BIRTH:

*I authorise you to release to my solicitors Hughes Walker of 82 Bolton Street Bury Lancs (Ref: MW/ ) all and any GP Medical Records and Hospital Medical Records (including copy x-rays, reports etc) in your possession relating to me. No claim is contemplated against any medical practitioner or medical authority.*

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

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**FOR OFFICE USE**

Name of GP:

Address of GP:

Name of Hospital:

Address of Hospital:

Date of Accident:

**Draw below a sketch of how the accident happened**

Please show any relevant road markings, speed limits, positions of witnesses, relevant road signs etc