

Claim notification form

Low value personal injury claims in
road traffic accidents (£1,000 - £10,000)

Before filling in this form you are encouraged to seek independent legal advice.

Date sent

 / /

Are you a litigant in person? Yes No

If you are the litigant in person please put your details in the claimant's representative section.

Claimant's representative - contact details

Name

Address

Postcode

Name of case handler

N/A

Direct telephone number

E-mail address

Reference number

N/A

Defendant's details

Defendant's full name

Defendant's vehicle registration number

Insurer reference

Referral source

Please state the source from which this claim was referred

Section A — Claimant's details

Mr. Mrs. Ms.

Miss Other

Claimant's full name

Address

Postcode

Date of birth

 / /

Is this a child claim? Yes No

National Insurance number

If you do not have a National Insurance number, please explain why

Occupation

Claimant's vehicle registration number (if applicable)

Accident date

 / /

Section B — Injury and medical details

1.1 What type of injury was suffered?

- Soft tissue Bone injury Whiplash
 Other

Please provide a further brief description of the injury sustained as a result of the incident

1.2 Has the claimant had to take any time off work as a result of the injury?

- Yes No

If Yes, for how long?

1.3 Is the claimant still off work?

- Yes No

1.4 Has the claimant sought any medical attention?

- Yes No

If Yes, on what date did they first do so?

 / /

1.5 Did the claimant attend hospital as a result of the accident?

- Yes No

If Yes, please provide details of the hospital(s) attended

If hospital was attended, was the claimant detained overnight?

- Yes No

If Yes, how many days were they detained?

1.6 Was the claimant wearing a seatbelt?

- Yes No

Section C — Rehabilitation

2.1 Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy?

Yes No Medical professional not seen

If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider

2.2 Are you aware of any rehabilitation needs that the claimant has arising out of the accident?

Yes No

If Yes, please provide full details

Section D — Repairs

3.1 Was it the claimant's vehicle that was damaged in the incident?

Yes No

If No, please go to Section H

If Yes, please provide the following:

Details of the insurance cover held for the vehicle?

Comprehensive

Third party fire and theft

Third party only

Is the claim for repairs proceeding through the insurer?

Yes No

If No, is the claim for repairs proceeding through an alternative company?

Yes No

If Yes, please provide full details

3.2 What is the current position with the repairs?

Complete

Authorised

Not yet authorised

3.3 Do you require the insurer to organise the repairs and/or inspection of the vehicle?

Yes No

If Yes, please provide your clients full contact details and the vehicle location

3.4 If the claimant is not responsible for the repair element of the claim please provide full details of the owner of the vehicle

Section E — Mobility (If the claimant was not the driver please go to Section H)

4.1 Does the claimant require the use of an alternative vehicle? Yes No

4.2 Has the claimant been provided with the use of an alternative vehicle? Yes No

If Yes, is the hire need still on going? Yes No

4.3 If a vehicle has been provided, please give the following details:

Name of provider

Address of provider

Vehicle details:

Make

Model

Engine size (cc)

4.4 Do you require the insurer to provide your client with an alternative vehicle? Yes No

If Yes, please provide the following details:

What class of vehicle is required?

Your clients name, address and telephone number

Section F — Accident details

5.1 How many passengers were in the vehicle?

5.2 At the time of the accident the claimant was

- The driver
- The owner of the vehicle but not driving
- A passenger in a vehicle owned by someone else
- A pedestrian
- A cyclist

If the claimant was a passenger please provide details of the driver of the vehicle, unless the driver is the defendant:

Make and model of vehicle

Vehicle registration number

Insurance company name

Address

Policy number

If the claimant was a passenger please provide the details of the driver of the vehicle in which the claimant was a passenger unless the driver is the defendant:

Drivers name

Address

Postcode

Make and model of vehicle

Vehicle registration number

Insurance company name

Address

Postcode

Policy number

Section G — Accident time, location and description

6.1 Time of accident (state AM or PM)

6.2 Where did the accident happen?

Street name

Town

City

6.3 Weather and road conditions

Weather conditions

Sun Rain Snow Ice Fog

Other (please specify)

Road conditions

Dry Wet Snow Ice

Mud Oil

6.4 Please select the most accurate description of the accident circumstances from the list opposite

Claimant vehicle hit by party emerging from side road

Claimant vehicle hit in the rear

Claimants vehicle hit whilst parked

Accident in a car park

Accident on a roundabout

Accident involving vehicles changing lanes

Concertina Collision

Other

this section continues over the page ⇨

Section G — Accident time, location and description (continued)

- 6.5 Please give a brief description of the accident, including approximate speeds of all vehicles and details of the areas of vehicle damage

- 6.6 Was the incident reported to the police? Yes No

If Yes, please provide the following:

Name and address of police station

Name of Reporting Officer

Reference number

Section H — MIB Claims - For uninsured cases only

7.1 Are the defendant's details known

Yes

No

If No, please state why not

7.2

Full name

Address

Vehicle registration number

Vehicle make and model

7.3 Description of defendant

Postcode

7.4 Approximate age of defendant

7.5 Sex of defendant

Male

Female

7.6 How were the defendant's details obtained?

Section J — Accidents involving a bus or a coach

9.1 Where the accident involved a bus or a coach, please complete the following:

Description of the driver

Description of vehicle, including route number and direction of travel, type and livery of vehicle

Is evidence of travel available?

Yes No

If No, please state why not

Section K — Liability

10.1 Who does the claimant believe was responsible for the incident and why?

10.2 If the claimant believes that another party could bear some responsibility, please confirm which party from those in Section I

Section L — Funding

- 11.1** Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k)? Yes No

If Yes, please tick the following boxes that apply

- The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990

Date conditional fee arrangement was entered into. / /

- The claimant has taken out an insurance policy to which section 29 of the Access Justice Act 1999 applies.

Name of insurance company

Address of insurance company

Policy number

Policy date

 / /

Level of cover

Are the insurance premiums staged? Yes No

If Yes, at which point is an increased premium payable?

- The claimant has an agreement with a membership organisation to meet their legal costs.

Name of organisation

Date of agreement

 / /

- Other, please give details

For MIB Claims only

- 11.2** If Yes, please tick

I would like my claim to be considered for free legal expenses insurance

Section M — Other relevant information

Section N — Statement of truth

I believe The claimant believes that the facts stated in this claim form are true.

I am duly authorised by the claimant to sign this statement.

Signed

(Claimant)(Claimant's solicitor)

Date

[][] / [][] / [][][][]

Position or office held

(if sign on behalf of firm or company)

I have printed and retained a copy of this form including the statement of truth.

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Insurer response

Capacity

In what capacity is the insurer acting in this case?

- Insurer in contract
- RTA Insurer
- Article 75 Insurer on behalf of MIB
- MIB

Section A — Liability/Causation

Please select the relevant statement from
those opposite

Defendant admits:

For MIB claims only

- The MIB has no authority contractual or otherwise
to bind another defendant but subject there to will
say that one of the below three options applies.
-

- Accident occurred
- Caused by the defendant's breach of duty
- Caused some loss to the claimant, the nature and
extent of which is not admitted

If the defendant does not admit liability please
provide reasons below

Section B1 — Services provided by the insurer - Rehabilitation

Is the insurer prepared to provide rehabilitation? Yes No

Has the insurer provided rehabilitation? Yes No

If Yes, please provide full details below

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Section B2 — Services provided by the insurer - Mobility

Has the insurer instructed a mobility supplier? Yes No

If Yes, please provide full details below

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Section B3 — Services provided by the insurer - Repairs/Inspection

Has the insurer organised repairs or arranged an inspection?

Yes No

If Yes, please provide full details below

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Section C — Response information

Date of notification

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Date of response to notification

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Defendant's insurer details

Address

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Name of claims handler

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Direct telephone number

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E-mail address

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Reference number

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