

DAVIS·BLANK·FURNISS

Accident At Work Questionnaire



It is important that you answer every question in as much detail as you can to enable us to proceed swiftly with your claim.

Part A – Personal details

Title

Forename(s)

Surname

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Address

National Insurance Number

Home Telephone

Work Telephone

Mobile Telephone

Email Address

Marital Status

Occupation

Part B – Insurance & legal expenses

Your Insurers

Address

Policy Number

Does this policy provide Legal Expenses Cover? YES NO

Do you have any other policies which provide Legal Expenses Cover?
(i.e. household contents insurance or credit cards – if so, provide details) YES NO

Are you a member of a Trade Union? YES NO Do they provide free legal advice? YES NO

Part C – Accident details

Date of Accident

Time of Accident

Accident Location

Why do you think your employer was to blame for the accident?

Description of Accident (please describe as best you can, the details of events leading up to the accident; the accident itself and the events following the accident)

Sketch of Accident (detail the accident scene and anything relevant to the accident)

A large empty rectangular area with a dotted border, intended for a sketch of an accident scene. The area is currently blank, providing space for a detailed drawing of the accident scene and any relevant information.

Was the accident reported and to whom? **YES** **NO**

Was the Accident entered into the accident book? **YES** **NO**

Are you aware of any risk assessments carried out by your employers? (please provide details) **YES** **NO**

Were you given any training which could have prevented the accident? **YES** **NO**

Was protective clothing available and offered? **YES** **NO**

Were you wearing the protective clothing provided? **YES** **NO**

Details of earlier relevant complaints to employers (either by you or others)

Were you seen by the Company Doctor? **YES** **NO**

Have any union memoranda been sent regarding this or a similar accident? (please provide details) **YES** **NO**

Has there been an inspection of the accident site following the accident? (please provide details) **YES** **NO**

Has the accident been reported under the RIDDOR Scheme? **YES** **NO**

Full details of equipment which caused the accident

Have working practices changed since your accident and if so, how?

Part D – Employment

Employer Name

Address

At the time of the accident, were you working at your own place of work, working in the workplace of another employer or other?

Average Weekly Earnings

Did you have any time of work as a result of this accident? (please provide dates)

Did you lose any earnings? (please provide full details and send copies of any wage slips supporting this)

Employer's Insurers

Address

Policy Number

Part E – Witness details

Were there any witness? **YES** **NO**

Name

Address

Telephone

Name

Address

Telephone

Part F – Your injuries

Please describe in detail, what injuries did you sustain as a result of this accident:

Have you sought any medical attention? **YES** **NO**

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

Did you attend Hospital as a result of this accident? **YES** **NO**

Were you taken by ambulance to the Hospital? **YES** **NO**

If not, how did you get there? (If you travelled by taxi or bus, what was the cost? Did you get a bus/taxi home? Were you driven by a spouse or friend? How many miles there and back? Mileage? Car park fees?)

Hospital Name:

Address:

Were you admitted to Hospital and if so, on what date were you discharged?

How many times did you attend the Hospital for treatment in respect of your injuries? (Please include any travelling expenses to and from the hospital i.e. bus fare, taxi fare, mileage, car park fees)

Did you visit your General Practitioner as a result of this accident?

GP Name:

Address:

What medication was prescribed by your GP (if any):

How many prescriptions have you paid for and at what cost? (please send all receipts including those relating for over the counter medication which you have bought)

Have you had any physiotherapy treatment as a result of this accident?

Physiotherapist Name

Address

Cost per session (please provide invoices, if available)

Have you fully recovered from this accident? (If not, briefly describe your current symptoms)

Has this accident affected you emotionally? (Briefly describe how you feel)

Part G – Other losses

Please list any other financial losses that you have incurred as a result of this accident, that you wish us to include in your claim (such losses could include damage to clothing or property). Please send photographs of the damaged items and receipts:

I BELIEVE THAT THE FACTS STATED IN THIS QUESTIONNAIRE ARE TRUE.

Signed

Date

NB: Please send along copies of any other documentation which you may have which you think may be relevant to this accident.