Personal Injury / Medical Negligence Claim

## CLAIMANT INFORMATION

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Email |  |
| Telephone |  |
| Date of Birth |  |

Are you making the claim on your own behalf or on behalf of a minor child?

|  |  |
| --- | --- |
| Self |  |
| Minor child |  |

If the claim is on behalf of a minor child, please detail:

|  |  |
| --- | --- |
| Full name of child |  |
| Date of Birth |  |
| Relationship to child |  |

## DETAILS OF PERSONAL INJURY/MEDICAL NEGLIGENCE CLAIM

Does this claim relate to?

|  |  |
| --- | --- |
| Personal injury e.g. accident |  |
| Medical or clinical negligence |  |

On what date did the incident or event to which the claim relates occur?

|  |
| --- |
|  |

Please provide a brief summary of what has happened or what the basis of your claim is? e.g. injury in car accident, incorrect treatment in hospital, negligent medical advice etc.

|  |
| --- |
|  |

Further details, with any evidence that you have available, in support of your claim, will be requested by the lawyer assessing your claim.

## INSURANCE

Do you have any insurance that provides legal cover in the event of a personal injury e.g. household insurance, motor insurance, union membership?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t Know |  |

## DECLARATION

I confirm that the information detailed in this form is correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant’s signature Date