



Road Traffic Accident (RTA)
Form

Personal Details

Full Name: _____

Address: _____

Tel. No. Home: _____ Work: _____ Mobile: _____

Occupation: _____ E-mail: _____

Date of Birth: _____ National Insurance No: _____

State Whether: Driver Passenger Pedestrian

Previously instructed Solicitor in respect of this case No Yes (If yes, please provide us with their details.)

Previously signed a No win-No Fee Agreement for this case Yes No

Accident Details

Date: _____ Place: _____ Time: _____

Road Surface Dry Wet Snowy/Icy Other, Specify _____

Road Segment Straight Bend S-bend

Road Gradient Uphill Horizontal Downhill

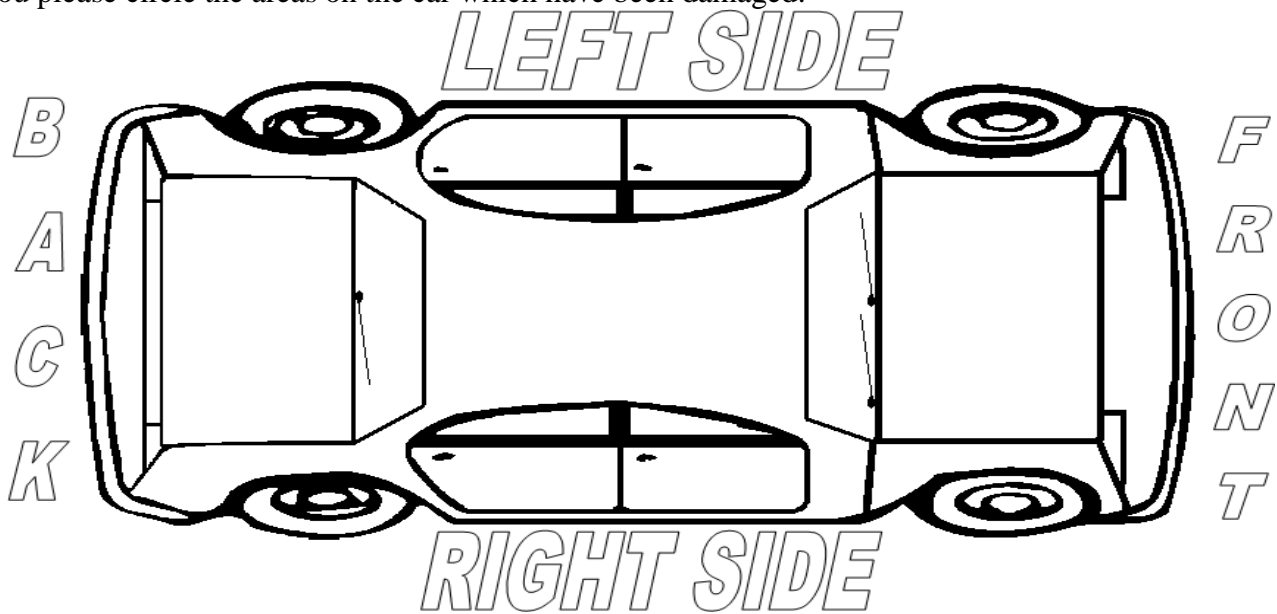
Weather Clear Cloudy Rain Snow
 Fog Other, Specify _____

Light Morning Afternoon Evening Night

Description and Sketch of Accident

Rough sketch/description of accident:

Can you please circle the areas on the car which have been damaged:



Brief description of accident: _____

Vehicle

Make: _____ Reg No: _____ Vehicle Type: _____
Model: _____ Colour: _____ No. of Seats: _____
Do you own the vehicle? Yes No If No, who does? _____
Is this vehicle drivable? Yes No Are you hiring a vehicle? No Yes
Is this vehicle a write off? Yes No Approx value £ _____
Is the vehicle repairable? Yes No Approx total cost of repairs £ _____
Where is the vehicle? _____
Are storage charges being incurred? Yes No

Insurance Details

Insurance Company Name: _____
Insurance Company Address: _____
Policy Number: _____
Type of Insurance Cover: Third Party Excess £ _____
 Third Party Fire and Theft Fully Comprehensive
Broker Name: _____
Broker Address: _____
Tel. No.: _____
Do you have a Legal expenses Policy? Yes No
If yes, please give details: _____

Third Party Details

Name: _____
Address: _____
Tel. No: _____
Make: _____ Reg No.: _____ Vehicle Type: _____
Model: _____ Colour: _____ No. of Seats: _____
Did the Third Party have Yes No If yes, how many?
passengers? _____
Insurance Company Name: _____
Insurance Company Address: _____
Policy/Reference No.: _____
Tel No: _____

Storage/Recovery Details

Is your vehicle in storage? Yes No

Storage Company Address: _____

Telephone Number: _____

Date In: _____ Date Out: _____ Was the vehicle recovered? Yes No

Recovery Company Name: _____

Recovery Company Address: _____

Tel. No.: _____

Invoice Received? Yes No If yes Amount? £ _____

Is invoice copy submitted with form? Yes No

Credit Hire

Date In: _____ Make: _____ Vehicle Type: _____

Model: _____ No. of Seats: _____ Registration No: _____

Credit hire only when vehicle goes in for repairs? Yes No

Daily Rate? £ _____ Who is providing the credit hire? _____

Injuries Sustained

Describe Injuries sustained: _____

When did you start noticing the pain? _____

On a scale of 0-10 how much does it hurt now? _____

Has your injuries stopped you from carrying out any activities? Yes No

If yes, then could you please specify: _____

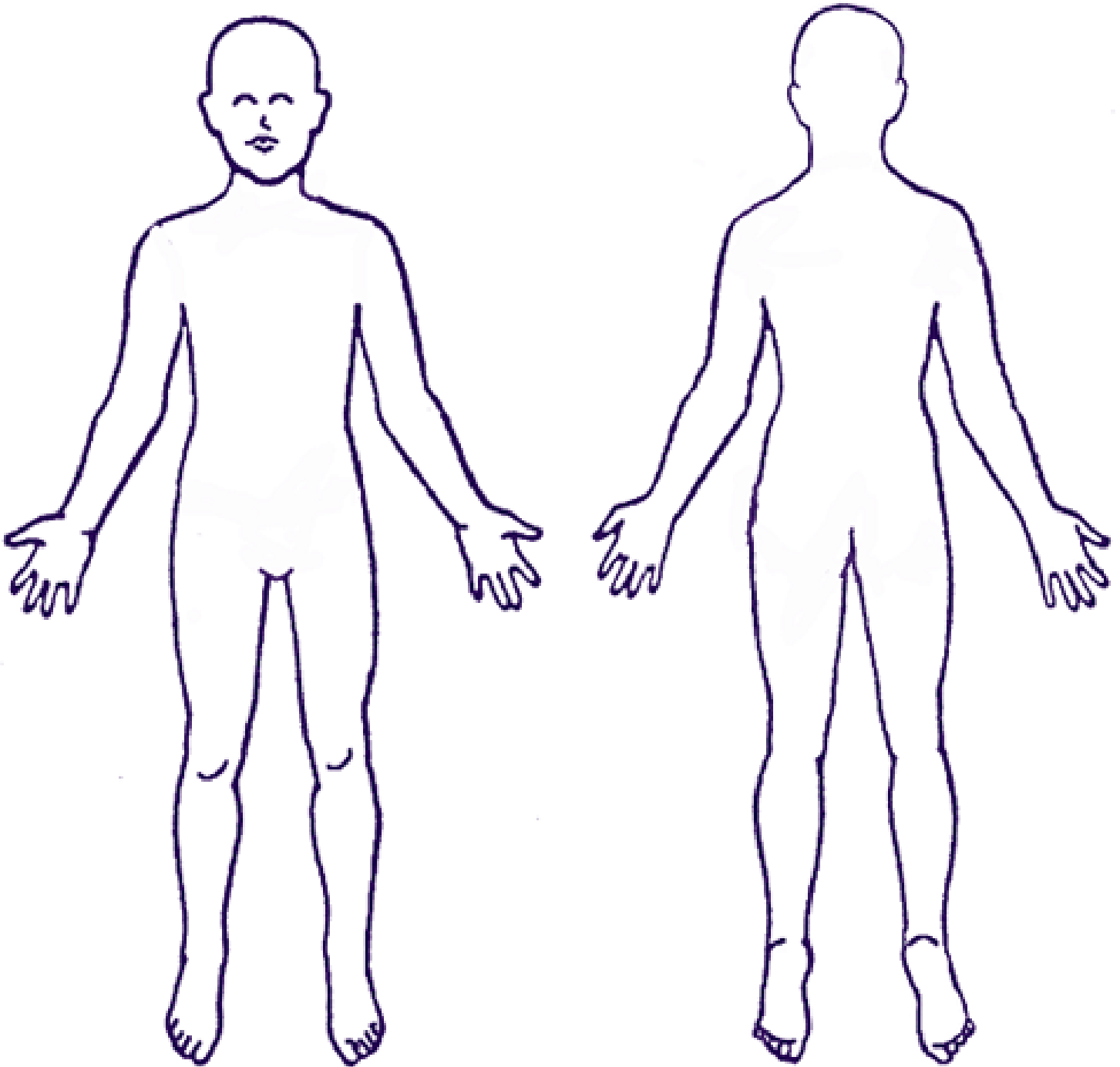
Were you wearing a seatbelt at the time of the accident? Yes No

Have you attended the GP's Surgery? Yes No

Have you attended the Hospital? Yes No

Body Injury Diagram

In the diagram below can you please circle around the areas in which you were injured?



Medical Checklist

NOTE: It is important that you complete this checklist accurately and truthfully and return it to us. Your claim may be adversely affected if you fail to disclose the information requested or in the event that you knowingly attempt to mislead us, the third party representatives or the Court, your claim will be compromised and you may be liable to costs consequences.

Client name: _____
 Address: _____

Reference Number _____
 Accident Date: _____

Have you been involved in any previous accidents? Yes No

If yes, please advise of the dates of each and every previous accident and confirm if you claimed personal injury as a result.

	Date		Yes	No
1	_____	Did you suffer any injuries?		
2	_____	Did you suffer any injuries?		
3	_____	Did you suffer any injuries?		
4	_____	Did you suffer any injuries?		

In the event that you claimed personal injury to an accident before which Solicitors represented you in respect of each claim? Please provide their full details even if it was we with reference numbers below:

	Accident Date	Solicitors	Telephone	References
1				
2				
3				
4				
5				

STATEMENT OF TRUTH

I confirm the information provided in this checklist is correct and I do not have any further information to disclose which would have an affect on my personal injury claim.

I also confirm I have read and understood my report and confirm you may disclose this to the third party representatives.

Signed



Dated _____

GP Consent Form
(Releasing health records under the Data Protection Act 1998)

About this form

In order to proceed with your claim, your solicitor may need to see your health records. Solicitors usually need to see all your records as they need to assess which parts are relevant to your case. (Past medical history is often relevant to a claim for compensation.) Also, if your claim goes ahead, the person you are making the claim against will ask for copies of important documents. Under court rules, they may see all your health records. So your solicitor needs to be familiar with all your records.

Your name: _____
Your address: _____

Date of birth: _____
National Insurance Number: _____
Solicitor's name: _____
Solicitor's address: _____

GP's name: _____
GP's address: _____

GP's telephone no: _____

I consent to the disclosure of my General Practitioner's records, both past and present in line with the Data Protection Act 1998, to my Solicitors or to the specialist consultant nominated by my Solicitors, for the purpose of preparing a medico-legal report. I would Confirm that no legal proceedings are contemplated against my GP or any his/her staff.



Your signature: _____ **Date:** _____

I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in the case.

Solicitor's signature: _____ **Date:** _____

AUTHORITY FOR RELEASE OF MEDICAL NOTES AND RECORDS PURSUANT TO THE ACCESS TO HEALTH RECORDS ACT 1990

Your name: _____

Your address: _____

Date of birth: _____

National Insurance Number: _____

Solicitor's name: _____

Solicitor's address: _____

The hospital I have visited is:-

Hospital name: _____

Hospital address: _____

Hospital telephone No: _____

Name of Consultant in charge of treatment: _____

Departments where treatment was received: _____

Were any x-rays or scans taken? Yes No

Brief description of treatment	Dates	
	From:	To:

I consent to the disclosure of my hospital records and X-rays, to my Solicitors or to the specialist consultant nominated by my Solicitors, for the purpose of preparing a medico-legal report. This request is made pursuant to the Access to Health Records Act 1990 section 3 (1), (2) and (4) for which we volunteer an access fee of £10.00, together with reasonable copying and postage fee as prescribed by the Data Protection Act 1998.

I would confirm that no legal proceedings are contemplated against the Health Authority or any member of its staff.

Your signature: _____



Date: _____

Solicitor's signature: _____ Date: _____

Passenger(s) Details

<u>Passenger 1</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 2</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 3</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 4</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 5</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 6</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 7</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 8</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 9</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

<u>Passenger 10</u>	
Name:	_____
Address:	_____

Tel. No:	_____
Injured:	<input type="radio"/> Yes <input type="radio"/> No

Witness('s) Details

Where there any independent witnesses Yes

No If Yes Please specify below:

Witness 1

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Witness 2

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Witness 3

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Witness 4

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Witness 5

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Witness 6

Name: _____
Address: _____

Home Tel. No: _____
Mobile No: _____

Police Details

Did the Police attend? Yes No

Did the Police take statements? Yes No

Name of the Officer: _____

Number of the Officer: _____

Police Station Address: _____

Police's Log Number / Crime Number: _____

Section 2
PHOTOGRAPHIC ID
(please insert 1 of the following)

Type of ID	Company name	Number
Full Valid UK Driving License (old Style) (Not more than 51 years old)		
Full photo card License with supporting slip (not more than 10 years old)		
Provisional photo card License with supporting slip (not more than 10 years old)		
UK Passport		

Type of ID	Issuing Country Name	Issuing Authority Name	Number
Full Driving License (International and not more than 1 year old)			
Passport			
Visa			

I _____ (Clients Name) confirm that the documentation which I have provided is my own, it is authentic/original.



Your signature: _____

Date: _____

I, _____ (Rep name) hereby certify that I personally checked _____ (Clients Name) and **I confirm that 2 separate documents were checked against Identity and Proof of Address.**

Rep signature: _____ **Date:** _____

Proofs of Address and ID

You must attach at least one document for each section and a document can not be used for both sections.

Section 1
PROOF OF ADDRESS
(please attach 1 of the following)

Type	Company name	Account Number
Electricity (No more than 3 months old)		
Gas (No more than 3 months old)		
Telephone (Land line only) (No more than 3 months old)		
Electricity (No more than 3 months old)		
Bank Statement (Not more than 3 months old)		
Council Tax Bill (Not more than 13 months old)		
Mortgage statement (Not more than 13 months old)		
Solicitor's letter conforming completion (Not more than 3 months old)		
DSS pension/ Allowance Book / Benefit Book		
Building Society Passbook (showing current address)		

Type of ID	Issuing Country Name	Issuing Authority Name	Number
Visa			

Marketing Form

If you would kindly fill out this form we would be grateful.

Can you please indicate the form of advertisement which brought Hippo Claims to your attention.

- TV Please Specify _____

- Leaflets Please Specify _____

- Billboards Please Specify _____

- Magazines Please Specify _____

- Exhibitions Please Specify _____

- Sponsorship Please Specify _____

- Vehicle Advertising Please Specify _____

- Word of Mouth Please Specify _____

- Shop Front Please Specify _____

- Promotional Item Please Specify _____

- Other Please Specify _____

