

Claims Questionnaire

Section 1: Personal Details

Name:

Date of birth:

Daytime telephone number:

Home telephone number:

Mobile number:

E-mail address:

Address:

Section 2: Accident details

Date of Accident:
(if not accident, date of diagnosis of your condition)

Brief description of what happened:

Brief description of injuries:

Description of losses, such as loss of earnings, treatment costs: