

Incident Questionnaire

In cases of accidents only

If your case relates to an injury sustained from an accident, please complete all relevant sections of this **report related to the accident**.

Failure to return this form to us fully completed and promptly may result in delays in validating your claim.

Name	
Reference number	
Completed by	

Country:	
Exact date, time and place of incident:	
How did you come to be in that place and what were you doing at the time?	
What was the nature of the injury and how it was sustained?	
Had you been drinking alcohol or taking illegal drugs, if so what and how much?	
Did anyone witness the incident? (Please insert witness name and contact details)	
Was anyone notified or any accident report forms completed, for example a hotel accident report?	
What were the weather conditions underfoot at the time, if relevant?	
Is anyone or anything to blame for the accident, if so how?	
the incident happened at any kind of property, i.e. hotel or private property please provide full address and details of the proprietor / owner.	
If the incident involved any form of transport please provide full details of the vehicle and owner.	
If relevant, were the police / fire or ambulance service involved, if so please provide full details of the station and officer(s).	
Details of your position at time of accident and whether Seatbelt/ Helmet worn.	

Signature _____

Printed name _____

Thank you for taking the time to complete these forms. Once we are in receipt of them it will expedite the progress of your case.