

**Incident Questionnaire**

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

**Please return to Fax: +44 (0) 1273 606 390 or Email: [operations@maydayassistance.com](mailto:operations@maydayassistance.com)  
Mayday Assistance Tel: +44 (0) 1273 624 661**

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 and time of incident:	
Brief description of accident circumstances.	
What precisely did you slip/trip on and do you have evidence?	
Had you been drinking alcohol or taking illegal drugs, if so what and how much?	
Did anyone witness the incident?	
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?	
If the incident happened at any kind of property, i.e. hotel or private property please provide full address and details of the proprietor/owner and their insurers, if known.	
If the incident happened at your holiday accommodation/resort please advise whether booked through tour operator or privately.	
If relevant, were the police / fire or ambulance service involved, if so please provide full details of the station and officer(s).	

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.