

Personal Injury Client Inception Form (EL)

? Guidance **Section A — Your details**

Select from the drop down lists for client type and status, as appropriate

Title **Accident Date (dd/mm/yyyy)**

Forename(s) **Middle Name(s)**

Please complete all fields in sentence case.

Surname/Family Name **Is this a Child Claim?**
Tick for Yes

National Insurance Number is required information if we will be doing this work under Legal Aid

National Insurance Number **Date of Birth (dd/mm/yyyy)**

Address **Email Address**
House No/Name

Please insert the full telephone number, including STD code if applicable

Street 1 **Telephone Numbers**
Street 2 Home
Town/City Mobile
County **Postcode** Work
Preferred Method(s) of Communication **Occupation**

Party Responsible for Accident (Defendant)

Defendant's Name **Insurer Name**

Defendant's Address **Insurer's Address**
Street 1 **Street 1**
Street 2 **Street 2**
Town/City **Town/City**
County **Postcode** **County** **Postcode**

Policy Number (if known)

Section B — Injury and Medical Details

1.1 What type of injury was suffered?

Please provide a further brief description of the Injury sustained as a result of the incident

1.2 Have you had to take any time off work as a result of the injury?

1.3 Are you still off work?

If No, how many days in total were you off work?

1.4 Have you sought any medical attention?

If Yes, on what date did you first do so?

1.5 Did you attend hospital as a result of the accident?

If Yes, please provide details of the Hospital(s) attended

Name

Street 1

Street 2

Town/City

County

Postcode

1.6 If hospital was attended, were you detained overnight?

If Yes, how many days were you detained?

Section C — Accident Time, Location and Description

2.1 Estimated time of accident (24 hour clock)

2.2 Where did the accident happen?

2.3 At the time of the accident were you:

Other Details

2.4 Please give a brief description of the accident

2.5 Was the incident reported?

If Yes, please confirm the date the accident was reported and to whom it was reported (if known)

Date:

Name:

Section D — Liability

3.1 Why do you believe the defendant was to blame for the accident?

The logo for Accesspoint, featuring the word "Accesspoint" in a white, sans-serif font with a small white dot above the "i". The text is set against a dark grey rounded rectangular background with a light blue circular dot in the top right corner.

Accesspoint

The text "Legal Services" in a white, sans-serif font, centered within a dark blue rounded rectangular background.

Legal Services

Where knowledge makes the difference