

PERSONAL INJURY QUESTIONNAIRE

WGA

Ward Gethin Archer

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www.wga.co.uk

A About You

Title: Mr Mrs Miss Ms Other

Surname: _____

Forename(s): _____

Address: _____

_____ Post Code: _____

Home: _____

Telephone Numbers Work: _____

Mobile: _____

Email Address: _____

Date of Birth: _____

National Insurance Number: _____

B About Your Job

Occupation: _____ Length of Service: _____

Employer's Name: _____

Employer's Address: _____

_____ Post Code: _____

C About Your Accident

Date of Accident: _____ Time: _____

Date and Time ceased work: _____

Date returned to work: _____

If anyone witnessed your accident, please give their name and address:

Is there anyone else who can supply useful information e.g. Your shop steward or health and safety representative:

Description of injuries: _____

GP's Name: _____

GP's Address: _____

Post Code: _____

Name and address of any hospitals at which you received treatment:

Who do you regard as responsible for your accident: Employer Someone Else

If your employer is not responsible, please complete this section:

Name of Person Responsible: _____

Address of Person Responsible: _____

Post Code: _____

If it was a road traffic accident, please state name of driver and registration number of each vehicle involved, together with their insurance details, if known:

