Groot Letselschade Experts letselschade.com sinds 1990

Personal Injury Questionnaire

Our reference _____

Handled by _____

Date _____

Personal details

1. Name _____

   Address _____

   Postcode and place of residence _____

   Private phone number _____

   Work phone number _____

   Mobile phone number _____

   Email _____

   IBAN account number _____

2. Gender Male Female Other:

3. Date of birth _____

4. If a minor, state full name of:

   Father / Guardian _____

   Date of birth _____

   Mother / Guardian _____

   Date of birth _____

5. a. Your current job / Self-employed / entrepreneur -- Select -- _____

   - full-time / part-time _____% Full-time Part-time

   - contract Fixed-term Permanent

   b. Name and address employer _____

   _____

   c. Your gross income € _____ per -- Select --

   d. Are you covered by a Collective Bargaining Agreement?
   If you are, which collective bargaining agreement? _____

   e. Do you have any other source of income
   from work? if you do, which? _____

   f. May we approach your employer? -- Select --

   If yes, name HR-manager or contactperson, _____

   phone and/or email _____

6. (only to be filled in by pupils / students)

   a. Name and address school or other training institute _____

   b. Training programme / year _____

7. a. Civil status -- Select --

Name husband / wife / partner _____

Date of birth _____

b. Does your husband / wife / partner work? -- Yes / No --

If yes, how many hours per week? _____

8. Composition of the family

Date of birth of your children

a. _____

b. _____

c. _____

9. a. Name healthcare insurer _____

b. Are you also insured for medical expenses? -- Yes / No --

c. Amount own liability per year (deductible) € _____

d. May Letselschade.com approach your health insurer for compensation? -- Yes / No --

Circumstances of the accident

10. Date and place of the accident _____

11. Brief description of the circumstances of the accident

Did the police visit the accident site? -- Yes / No --

If so, please attach a copy police registration form and/or claim form and situation sketch.

12. Were you wearing a safety belt or helmet during the accident? -- Yes / No --

13. Contact already established with counter party or his / her insurer? -- Yes / No -- If yes, please send copy of the correspondence.

a. Name liable insurer _____

b. Claim or reference number _____

c. Is liability recognized? _____

Injury

14. Short description of your injuries

15. Were you admitted to hospital / rehabilitation centre or a nursing home?

-- Yes / No --

if yes -- Select --

Name of institution _____

Place _____

Date of admission _____

Discharge date _____

16. a. Name and address doctor

b. Other doctor(s), including specialism and hospital or institution

c. Name and address physiotherapist _____

_____

17. Short description of your current medical situation and the current treatments, including physiotherapy.

Damage

18. a. Declaration of the material damage that you have suffered until now.
For example: damage to car, bicycle, clothing, travel expenses for hospitalisation and suchlike.
Please enclose evidence.

I. _____

II. _____

III. _____

IV. _____

V. _____

VI. _____

b. Had the damage to the vehicle been settled?

-- Yes / No --

19. Are you still incapacitated for work?

-- Yes / No --

If yes, since when and what is the percentage of incapacity for work?

If not, when did you become fit for work again?

Have your studies been delayed through the accident?

If yes, how long?

20. Is your income reduced if you have an incapacity for work? If yes, please enclose wage slips showing the income for incapacity and the current income. Please think about overtime, irregular hours allowance and suchlike.

21. Are you covered by an invalidity insurance policy and/or an accident insurance policy? -- Yes / No --

If yes, with which insurer and for which amount? € _____

22. Is domestic help (required) for you as a result of the accident? -- Yes / No --

Through which agency or private person? _____

How many hours per week? _____

Amount of your own liability / costs? € _____

23. Do you have insurance for legal expenses? -- Yes / No --

If so, with which insurer? _____

24. Do you have a rented home or are you a house owner? Rented home House owner

24. If you have additional comments, please state these on the right.

Place _____ Form provided by:

Date _____

Signature _____

For questions or remarks please contact: Letselschade.com
De Wederik 8, PO Box 102, 3350 AC Papendrecht, The Netherlands.
Telefoon: +31(0)78 6 443 440, Fax: +31(0)78 6 449 440, Email: info@letselschade.com