Groot Letselschade Experts BV letselschade.com

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 _____

   E-mail address _____

   IBAN account number _____

2. Gender Male / Female *

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 _____

      - full-time / part-time * _____%

   b. Name and address employer _____

      _____

   c. Your gross income € _____ per 4 weeks / per month *

   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? _____

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

   a. Name and address school or other training institute _____

   b. Training programme / year _____

* please cross out what is not applicable.

7. a. Civil status — Unmarried / Married / Divorced / Registered partnership / Co-habiting *

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) € _____

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.

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

12. Were you wearing a safety belt or helmet during the accident? _____

Injury

13. Short description of your injuries _____

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

Yes / no *
Hospital / rehabilitation centre / nursing home *

Name of institution _____

Place _____

Date of admission _____

Discharge date _____

15. a. Name and address doctor _____

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

c. Name and address physiotherapist _____

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

Damage

17. 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.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

18. 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? _____

* please cross out what is not applicable.

19. 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.

20. 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? €

21. 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? €

22. Do you have insurance for legal expenses? Yes / no *

If so, with which insurer?

23. 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.

* please cross out what is not applicable.

Place

Date

Form provided by:

Signature

For questions or remarks please contact: Letselschade.com
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