

**HOLIDAY ACCIDENT FACT SHEET**

<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>PPS Number</b>	
<b>Phone number</b>	
<b>Email address</b>	
<b>Details of your Holiday:</b>	
<b>Where did you stay?</b>	
<b>Full address of the resort / holiday location (including country)</b>	
<b>Where did you book your holiday?</b>	
<b>Name and address of Travel Agent:</b>	
<b>Who was your Tour Operator?</b>	
<b>Did you have travel insurance?</b>	
<b>Details of Travel Insurance:</b>	
<b>Have you reported the accident to your travel insurers?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please send us all correspondence between you and your travel insurer in relation to your accident</b>	Copies enclosed <input type="checkbox"/>
<b>Start date of your holiday:</b>	
<b>End date of your holiday:</b>	



<b>Details of your Accident:</b>	
<b>Date of accident:</b>	
<b>Time of accident:</b>	
<b>Where exactly did your accident happen?</b>	
<b>Please explain in detail HOW your accident happened:</b>	
<b>Was it reported?</b> <b>If Yes please give details:</b>	
<b>What injuries did you sustain in your accident?</b>	
<b>What doctors/hospitals/clinics treated you for your injuries?</b>	



<p><b>Please provide name and addresses of any doctors/hospitals/clinics visited.</b></p>	
<p><b>Who are you blaming for your accident?</b></p> <p><b>And why?</b></p>	
<p><b>What do you think could have been done to prevent your accident?</b></p>	
<p><b>Were there any witnesses to your accident?</b></p> <p><b>Please provide names, addresses and contact details if these witnesses?</b></p>	
<p><b>Did you complete any accident / incident report?</b></p> <p><b>Please provide a copy of same:</b></p>	<p>Copies enclosed <input type="checkbox"/></p>
<p><b>Have you received any communication from the hotel and/or tour operator after your accident?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>
<p><b>What doctors in Ireland have you been seen by?</b></p> <p><b>Please provide contact details for same:</b></p>	

Please provide contact details for your own GP:

**Further information**

**To assist us it would be helpful if you could please also forward to us the following documentation:**

1. Any incident/accident/complaint forms you may have completed after your accident.
2. Photographs or video recordings of the accident site.
3. Details of your travel insurance policy.
4. Your holiday booking documents (eg., receipts, flight tickets, holiday brochures etc).
5. Any medical reports that you may have been furnished with by the clinics/hospitals/doctors who treated you.
6. Details in relation to any private medical insurance you may have.

**Please let us have all of the information requested above, as this will speed up the process of us being able to advise you as to whether you have a claim for compensation or not.**

You should now return this completed questionnaire to Moloney & Company Solicitors, 4A North Main Street, Naas, Co. Kildare, [info@moloneysolicitors.ie](mailto:info@moloneysolicitors.ie), telephone 045-898000, Freefone 1800 200 249.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_