Moloney & Co. SOLICITORS

PERSONAL INJURY INSTRUCTION SHEET

Name **Male ☐ Female☐**	
Address	
Date of Birth	
PPS Number	
Phone number	
Email address	
Details of your Incident / Accident:	
Date and time of your incident / accident:	
Where exactly did the incident / accident occur?	
Name and address other party/parties involved in incident/accident:	
Was the incident / accident reported? **If Yes please give details:**	
Name & station of Garda in attendance:	
Please explain in detail HOW your incident / accident happened:	

What injuries did you sustain in your incident/accident?	
What doctors/hospitals/clinics treated you for your injuries? **Please provide name and addresses of any doctors/hospitals/clinics visited.**	
Who are you blaming for your incident/accident? **And why?**	
What do you think could have been done to prevent your incident/accident?	
Were there any witnesses to your incident/accident? **Please provide names, addresses and contact details if these witnesses?**	
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 insurance policy.

4. Any medical reports that you may have been furnished with by the clinics/hospitals/doctors who treated you.

5. 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, telephone 045-898000, Freefone 1800 200 249.

Signature: _____   Date: _____