

ROAD TRAFFIC ACCIDENT INSTRUCTION SHEET

Name	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address	
Date of Birth	
PPS Number	
Phone number	
Email address	
Details of your Accident:	
Date and time of your accident:	
Where exactly did the accident occur?	
Name and address of the driver of your car if different to above:	
Your Car Registration #	
Your Car Insurance Details:	
Name and address of other driver(s) involved:	
Other drivers insurance details:	
Was the accident reported? If Yes please give details:	
Name & station of Garda in attendance:	
Have you reported the accident to your insurers?	Yes <input type="checkbox"/> No <input type="checkbox"/>



<p>Please send us all correspondence between you and your insurer in relation to your accident</p>	<p>Copies enclosed <input type="checkbox"/></p>
<p>Please explain in detail HOW your accident happened:</p>	
<p>What injuries did you sustain in your accident?</p>	
<p>What doctors/hospitals/clinics treated you for your injuries? Please provide name and addresses of any doctors/hospitals/clinics visited.</p>	
<p>Who are you blaming for your accident? And why?</p>	

<p>What do you think could have been done to prevent your accident?</p>	
<p>Were there any witnesses to your accident?</p> <p>Please provide names, addresses and contact details if these witnesses?</p>	
<p>Please provide contact details for your own GP:</p>	

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: _____