

Date created

Portal number

---

## Section A Claimant's details

Date of birth

Title

First name

Middle name

Last name

Home address

Country

Contact number

Email address

National Insurance Details

AskCUE PI reference number

Employment status

Employment details

---

## Section B Accident and witness details

Accident date and time

Type of accident

Accident description

Accident location

Location details

### Police involvement

Did the police attend the accident?

Yes  No

Has the accident been reported to the police?

Yes  No

Police station name and address

Name of reporting officer

Police reference number

### Claimant's involvement in the accident

Was the claimant a passenger in the vehicle responsible for the accident?

Yes  No

What was the claimant's involvement in the accident?

Was the claimant wearing a seatbelt at the time of the accident?

Yes  No

Are you the owner of this car?

Yes  No

Number of people in the vehicle at the time of the accident

### Vehicle details of the claimant

Vehicle registration number

Make

Model

Colour

Name of driver

Driver's contact number

Name of the bus company

Bus driver ID number

Route details

### Witness details

No witnesses added

---

## Section C Responsible parties

### Vehicle details

Vehicle registration number

Make

Model

Colour

### Driver details

First name

Last name

Address

Phone number

Description of the driver

Approximate age of the driver

How have the details of the driver been obtained

Claimant's statement of driver responsibility in the accident

---

## Section D Other vehicles

### Other vehicles

No other vehicles added

---

## Section E Injury details

Was time taken off work because of the injury?

Yes  No

How many days in total was the claimant off work?

Is the claimant still off work?

Yes  No

## Details of medical attention provided

Did the claimant seek any medical attention as a result of their injuries?

Yes  No

Who did the claimant see?

GP/Doctor  Other

Details of medical provider

Did they recommend any further treatment such as physiotherapy?

Yes  No

Did the claimant attend a hospital?

Yes  No

What hospital did the claimant attend?

How many nights did the claimant stay in hospital?

---

## Section F Other losses

### Support requested

Does the claimant need help repairing their vehicle?

Yes  No

Reason

Does the claimant need a temporary replacement vehicle?

Yes  No

Reason

No losses added

---

## Section G Statement of Truth

I believe that the facts stated in this Small Claim Notification Form are true. I understand that proceedings for contempt of court may be brought against me if I make, or cause to be made, a false statement in a document verified by a Statement of Truth without an honest belief in its truth.

I authorise the Official Injury Claim Portal Support Centre to submit my claim.

### Name of signatory

First name

Middle name

Last name

Signature

Date