

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

Name

Email address

Address

How does the claimant know the witness?

Phone number

Did the claimant know the witness before the accident?

Yes No

Witness details

Name

Email address

Address

How does the claimant know the witness?

Phone number

Did the claimant know the witness before the accident?

Yes No

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 1

Vehicle registration number

Driver name

Phone number

Other vehicles 2

Vehicle registration number

Driver name

Phone number

Section E Injury details

Was the injury that you suffered exceptionally severe?

Yes No

Tell us why your whiplash injury is exceptionally severe

Does the claimant say that their circumstances were exceptional?

Yes No

Tell us why your circumstances are exceptional

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

Name of the credit hire company

Category

Total value

Category

Total value

Total

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.

Name of signatory

First name

Middle name

Last name

Job title