

Date created

14/12/2022

Portal number

OIC-12-22-2074

Section A Claimant's details

Date of birth

05/06/1987

Title

Mr

First name

Max

Middle name

Last name

Unturn

Home address

123 cherry tree forest
Cherry tree lane
foxhill
milton keynes
MK565TY

Country

United Kingdom

Contact number

01908582338649649

Email address

Muntun@yahoo.org.uk

National Insurance Details

No insurance number because Currently applying for one

AskCUE PI reference number

Not Applicable

Employment status

Retired

Employment details

Not Applicable

Section B Accident and witness details

Accident date and time

06/03/2022-13:00

Type of accident

Hit in the rear

Accident description

hit in the rear

Accident location

MK565TY

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

Hill top police

Name of reporting officer

PCS robinson

Police reference number

48534689

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?

I was the driver

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

Yes No Not Supplied

Are you the owner of this car?

Yes No

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

1

Vehicle registration number

Z567TYT

Make

VOR

Model

450

Colour

green

Name of Owner

Max Unturn

Owner's contact number

01908582338649649

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

Q126AAA

Make

VOLKSWAGEN

Model

Golf S BlueMotion Technology TSi S-A

Colour

SILVER

Driver details

First name

Tim

Last name

Hooper

Address

67 green grass crescent
tower hill
bletchley
MK22HT

Phone number

Description of the driver

Approximate age of the driver

66

Name of the insurer

Policy number

How have the details of the driver been obtained

from the scene of the accident

Claimant's statement of driver responsibility in the accident

he went into the rear of my vehicle

Section D Other vehicles

Other vehicles

No other vehicles added

Section E Injury details

Neck - Whiplash

My doctor confirmed my injuries are whiplash

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?

Not Applicable

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

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

Max

Middle name

Last name

Unturn