



call 0845 500 1201 now
Slips & trips pro-forma questionnaire

Your contact details:

Name

Address

Post Code

Tel no

Personal details:

Nat Insurance no.

Marital status

Date of birth

Next of kin if under 16

Occupation

Gross earnings per week

Net earnings per week

Employer's name and address

Accident details:

Date & Time of Accident

Place of Accident

Injuries Received

Date returned to work

Approximate wage loss

Previous accidents and injuries

Other losses and expenses

Name and Address of GP

SSP Received Welfare benefits received

Hospital where treated (& hospital records no)

Local DSS Office



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accident details continued:

Verbal/written warnings or notices

Details of photographs taken

Description of defect

Is the defect still present? Yes No

Were there any prior accidents involving the defect? If yes give details

Footwear worn at the time of the accident (please give detailed description)

Density of traffic at the time of the accident

Lighting conditions at the time of the accident

Details of any warning signs at the scene of the accident

Description of how the accident occurred and sketch if necessary

What happened after accident, comments made / admissions made

Any changes arising since the accident?

save

email to AJR

If you have any queries about filling in this form please call 0121 323 4443 or 07796 81 82 51