



**Client Instruction Sheet – Road Traffic Accident
Date Of Attendance :**

<u>Client Contact Details:</u>
Name
Address
Date of Birth:
Home Phone:
Work:
E-mail:
Occupation:
PPS No / Social Security No:
Date of Accident:
Time of Accident:
Medical Card Holder?:
<u>Detailed Description of Accident:</u>
Witnesses:
Gardai who investigated – name and station:
Charges brought – if known:
Client’s car make/model and registration:
Client’s Insurance Policy Number:
<u>Third Party Details</u>
Name:
Address:
Licence Plate:
Vehicle make and model:

Insurance Company:
Policy Number:
<u>Injuries:</u>
Detailed description of injuries sustained:
Hospital/Doctor attended after accident:
Date of initial attendance:
Outline where possible all consultants names and specialities and treatment afforded:
Ongoing Treatment:
Previous Accidents/Injuries:
<u>Employment Details:</u>
Occupation:
Any loss of earnings? Outline same:
Out of pocket expenses to date: