

Claim Notification Form - Personal Injury

The claim form **MUST** be completed in full. Failure to fully complete this form may result in your claim being delayed.

Date of Incident

Section A – Claimant's Details

Mr Mrs Ms Miss Other

Claimant's Name

Full Address (including postcode)

Telephone Number

Email Address (if applicable)

Date of Birth National Insurance Number

Occupation

Employers Name, Address and Postcode

Section B – Injury and Medical Details

Description of Injuries (please state left or right where appropriate)

Have you had to take any time off work as a result of the accident? Yes No

Are you still off work? Yes No

If **No**, how many days in total were you off work?

Have you sought medical attention from your GP due to the accident? Yes No

If **yes**, please provide the name and address of the GP and the date you first attended?

Did you attend hospital as a result of the accident? Yes No

If **yes**, please provide the hospital name, address and the date you first attended?

Did you go to hospital by ambulance? Yes No

Did you stay in hospital overnight? Yes No

If **yes**, please state the duration of the stay in hospital?

Section C – Incident Details

Time of Incident (please state am or pm)

Where did the incident happen?

Description of Incident

Names and addresses of any witnesses to the incident

Was the incident reported? Yes No

If **yes**, please provide who it was reported to and when?

Why do you believe the Trust is to blame for the incident?

Section D – Statement of Truth

I certify that the information I have given is true to the best of my knowledge and belief.

Where the claimant is a child, the signature below will be by the child's parent or guardian.

Signed:

Print name in full:

Date:

The issue of this form does not mean that the Trust accepts responsibility. All incidents will be thoroughly investigated.

The information provided on this form may be shared with other parties, including the Trust's appointed claims handlers, loss adjusters, solicitors and insurers, where we are obliged or permitted by law to do so. This includes use for the purposes of claims administration as well as the disclosure to third party managed databases used to prevent fraud and to regulatory bodies for the purpose of monitoring and/or enforcing our compliance with any regulatory rules/codes.

In some circumstances your claim may be passed to the Trust's appointed representatives and you will be informed directly of the decision regarding your claim by the representative.

Postal Address:

Sandwell Children's Trust
PO Box 2374
Oldbury
West Midlands
B69 3DE

You will receive an acknowledgement within 3 weeks of receipt.

You will receive a decision on your claim from the Audit, Fraud, Risk and Insurance team within 3 months of acknowledging receipt of your claim.