



Universal Claims Group12, 725 The Big Peg2, 120 Vyse Street2, Birmingham2, b146sx  
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## INJURY CLAIM FORM

Initial Notification:

**\*64646\***

### Our Client (Claimant) Details

Company Name:

First Name: test

Surname:

Address1:

Address2:

City:

Post Code:

Phone:

D.O.B: 31-Dec-9999

N.I No:

Insurer:

Policy No:

### Party at Fault ( Defendant's Details)

Company Name:

First Name:

Surname:

Address1:

Address2:

City:

Post Code:

Phone:

D.O.B:

N.I No:

Insurer:

Policy No:

### Accident Details

Accident Date: 31-Dec-9999

Location:

Description: claim

Police Involved: No

Police Officer Name:

Police Log No:

### Accident Circumstances

### Who was to blame & Why

### GP Details

Surgery Name:

GP Name:

Address1:

Address2:

City:

Post Code:

Phone:

Injuries Sustained:

### Hospital Details

Hospital Name:

Department:

Address1:

Address2:

City:

Post Code:

Phone:

Other Losses:

Witness(1) Details	
FirstName:	
Surname:	
Address1:	
Address2:	
City:	
Post Code:	
Phone:	

Witness(2) Details	
FirstName:	
Surname:	
Address1:	
Address2:	
City:	
Post Code:	
Phone:	