



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

Initial Notification:

Our Client (Claimant) Details

Company Name: ambinet
First Name: shak
Surname: ahmed1
Address1: 1
Address2: 1
City: 1
Post Code:
Phone: 01213591100
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: 07-Dec-2010
Location: locaiton
Description: enw title
Police Involved: No
Police Officer Name:
Police Log No:

Accident Circumstances

Who was to blame & Why

GP Details

Hospital Details

Surgery Name:	Hospital Name:
GP Name:	Department:
Address1:	Address1:
Address2:	Address2:
City:	City:
Post Code:	Post Code:
Phone:	Phone:
Injuries Sustained:	Other Losses:

Witness(1) Details

FirstName:
Surname:
Address1:
Address2:
City:
Post Code:
Phone:

Witness(2) Details

FirstName:
Surname:
Address1:
Address2:
City:
Post Code:
Phone: