



Universal Claims Group12 725 The Big Peg2 120 Vyse Street2 Birmingham2 b146sx
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Solcitor
address1
address2
birmingham b193sh

Claim Ref: 64630

Date:26-12-2010

INJURY CLAIM FORM

Initial Notification:

64630

Our Client (Claimant) Details

Company Name:	test7
First Name:	driver firstname7
Surname:	driver surname7
Address1:	driver addrss7
Address2:	driver address7
City:	driver city7
Post Code:	b193sh
Phone:	01213591100
D.O.B:	01-Dec-2010
N.I No:	6545466547
Insurer:	126547
Policy No:	5465467

Party at Fault (Defendant's Details)

Company Name:	
First Name:	firstname7
Surname:	surname7
Address1:	address17
Address2:	address27
City:	Birmighnamu7
Post Code:	b193sh
Phone:	01213591100
D.O.B:	
N.I No:	
Insurer:	p insurer7
Policy No:	p polity no7

Accident Details

Accident Date:	03-Dec-2010
Location:	Birmingham
Description:	Road Traffic
Police Involved:	Yes
Police Officer Name:	police offeicer name7
Police Log No:	police log no7

Accident Circumstances

aqcciden tdetails7

Who was to blame & Why

who was to blame & why details7

GP Details

Surgery Name:	gp surname7
GP Name:	gp name7
Address1:	gp address17
Address2:	gp address27
City:	gp city7
Post Code:	b193sh
Phone:	01213591100
Injuries Sustained:	infury stustnad7

Hospital Details

Hospital Name:	h p name7
Department:	h p deaprtment7
Address1:	h adress17
Address2:	h address27
City:	h city name7
Post Code:	b193sh
Phone:	01213591100
Other Losses:	losses7

Witness(1) Details	
FirstName:	w1 name7
Surname:	w1 surname7
Address1:	w1 address17
Address2:	w1 address27
City:	w1 contacname7
Post Code:	b193sh
Phone:	012135911007

Witness(2) Details	
FirstName:	w2 forstmau7
Surname:	w2 sirma7
Address1:	w2 adress17
Address2:	w2 address27
City:	w2 cityname7
Post Code:	b193sh
Phone:	01213591100