INSTRUCTION SHEET

Principal:

Our Reference: *here*

Date: *here*

Type of Claim: Motor: At Work: Other:

Claimant Details:

Application Number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Address: |  | | | | |
| Telephone: | Home: | | | Mobile: | |
| E-mail: | Viber: skype: | | | | |
| Date of Birth: |  | | | | |
| PPS #: |  | | | | |
| Occupation: |  | | | | |
| Marital Status: | Single: | Married: | Separated: | | Civil Partnership: |

Own Insurance Details:

|  |  |  |
| --- | --- | --- |
| Registration Number: |  | |
| Insurance Company Details: |  | |
| Policy Number: |  | |
| Type of Policy: | Comprehensive: | TPFT: |
| Claiming off own policy: | Yes: | No: |
| Estimate of Repairs: | Amount: | |

Third Party Details:

|  |  |
| --- | --- |
| Registration Number: |  |
| Insurance Company Details: |  |
| Policy Number: |  |
| Driver Name: |  |
| Driver Address: |  |
| Claims Ref: |  |
| Claims Handler: |  |
| Estimate of Repair: |  |
| Where Vehicle can be Inspected: |  |

Accident Details:

|  |  |  |
| --- | --- | --- |
| Date of Accident: |  | Time: |
| Photo of Locus: | Yes: | No: |
| Location of Accident:  Alone or Accompanied:  Seatbelt:  How did you leave the Scene:  Weather conditions: |  | |

|  |  |
| --- | --- |
| Witnesses:  Garda Station:  Did Garda Attend at the Scene:  Garda Name & Number:  Garda Telephone No: |  |

Fall:

|  |  |  |
| --- | --- | --- |
| Footwear Worn: |  | |
| Photo of Locus: | Yes: | No: |
| Reported: | Yes: | No: |
| To Whom: |  | |
| Engineer Instructed: |  | |
| Company Search: |  | |

|  |  |
| --- | --- |
| Witnesses: |  |

Accident at Work:

|  |  |  |
| --- | --- | --- |
| Employers Name: |  | |
| Employers Address: |  | No: |
| Reported: | Yes: | No: |
| To whom: |  | |
| Accident Report: |  | |
| Company Search: |  | |

|  |  |
| --- | --- |
| Time Working Employer:  Was the Accident Reported to Health & Safety?  Any Previous Accidents?  Any Training Courses? |  |

Description of How Accident Occurred:

|  |
| --- |
|  |

Injury Details:

|  |  |  |
| --- | --- | --- |
| Details of Injury: | . | |
| When Was Medical Attention First Sought: |  | |
| Name of GP: |  | |
| Address: |  | |
| Contact Number: |  | |
| How Long with GP: |  | |
| Name of Consultant: |  | |
| Ambulance Details: |  | |
| Medical Card Holder: | Yes: | No: |
| VHI / BUPA: | VHI: | BUPA: |

Special Damages:

|  |  |  |
| --- | --- | --- |
| Loss of Earnings: |  | |
| Dates out of Work: |  | |
| Whether Paid by Employer: | Yes: | No: |
| Does Employed Wish to be Reimbursed?  Terms of Contract: |  | |
| Social Welfare Claimed: | Yes: | No: |
| Medical Expenses: | Doctors: | |
| Physiotherapy: | |
| Others: | |

Previous Claims History:

|  |
| --- |
| None |

Anything of Relevance in Pre-Accident Medical History:

|  |
| --- |
|  |

I advised xxxxxxx of the importance of co-operation, time involved, delay, medical constraints and the importance of keeping a note of dates of treatment together with receipts for treatment received.

I advised first name of client here that we would enter into correspondence with the defendant.

**Personal Injury Assessment Board**

I explained fully to first name of client here the procedures now required in relation to the personal injury accidents, and that we will first have to submit application to PIAB/Injuries Board.

Application will be submitted in fullness of time.

I explained to first name of client here that once application is made to PIAB the Respondent i.e. /his Insurers have ninety days to advise the Board if they consent to their dealing with it as an assessment.  If such consent is forthcoming the Board will then proceed to make an assessment.  Awards are generally issued within nine months of receipt of consent to Board dealing with the assessment.  Once the award is made both parties have the right to reject it.  If either party rejects the award then it proceeds to litigation and through the Courts in the normal way.

I explained to first name of client here that if the case is dealt with by way of assessment by the Board they will not discharge legal fees other than:

1. Reimbursement of the €45 application fee to the Board,
2. €300-€900 towards the cost of an initial medical report.

I advised first name of client here that the professional fee for the work which needed to be done which would result in the case being submitted to The Injuries Board was estimated up to 3,000 and that medical reports needed to be paid when they fell due. I advised first name of client here that a Standing Order would have to be set up in this case and that the Standing Order form should be completed and returned with the rest of the documentation which would need to be signed and returned.

AUTHORITY

I confirm that I appoint McAleer & Co Solicitors in the above matter to act on my behalf and to deal with the Injuries Board. I hereby appoint them to give any undertakings necessary in handling my action and indemnify them against all expenses incurred by them on my behalf.

I confirm that I have been advised by McAleer & Co Solicitors that if I am found unsuccessful in my action that I will be liable for the fees of both parties.

Signed;              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                     Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SANDRA MCALEER

Office Use Only

Advised of the chances of success: High

Medium

Low