



# Personal Injury Questionnaire

**Claim Reference:**

Please note McLarens TPA are managing your claim on behalf of Anglian Water Services Ltd. We would be obliged if you could provide your answers to all the following questions about the alleged accident to the best of your knowledge and ability.

The information you provide on this form will instigate an official claim and will be used to investigate the facts surrounding your claim; your assistance will help the process and hopefully avoid delays.

If you have legal representation, you should send this form direct to your solicitor. Otherwise please return the completed questionnaire to McLarens TPA - details are at the end of this form.

We wish to remind you of your right to seek legal representation.

Please ensure the medical mandate at the end of this questionnaire is signed and returned.

### Section A - Your Details

**Title**      Mr     Mrs     Miss     Ms     Other

**Forename**

**Surname**

**Address**

**Postcode**

**Contact Number(s)**

**Email Address**

**Date of Birth**

**NI Number**

**Occupation**

**Employers Address - please note we will not contact your employer without your specific authority.**

Please Turn Over

## Section B - Incident Details

Date of Incident

Time of Incident

Incident Location

Incident Circumstances

Any Witnesses to the Incident?

Yes

No

If you have answered yes to the above then please provide names, addresses and contact numbers of all witnesses. It is our policy to contact witnesses in such matters.

Were you aware of the imperfection complained of prior to the incident?

Yes

No

Did you notify Anglian Water following the incident?

Yes

No

If yes, what job number did they give you?

When did you notify Anglian Water?

Any Photographs of the imperfection?

Yes

No

If you have answered yes to the above, please advise when and by whom they were taken. Please provide them by return.

Please Turn Over

## Section B - Incident Details Continued

Please describe the weather conditions at the time of the incident.

Please describe as far as practicable how you fell (for example trip, slip or stumble. Fell on left-hand or right-hand side).

In which direction were you walking? (Please show an arrow on a map from Google or a sketch below).

Were you carrying or holding anything at the time?

Had you consumed alcohol or any other intoxicants prior to the incident?

Where did you go in the immediate aftermath of the accident? Please provide names addresses.

Please Turn Over

## Section C - Injury & Medical Details

Please describe the injuries sustained.

Where and when did you first seek medical attention?

Did you attend hospital? If so which hospital?

Were you kept in overnight? If so for how long did you stay?

Did you have any time off work because of your injuries? If so for how long were you off?

### Declaration

I confirm that the above information is true to the best of my knowledge and belief.

Signed

Print Name

Date

### McLarens Contact Information

Telephone number 0203 885 5204

Email Address AnglianWater.TPA@mcclarens.com

Address  
**McLarens TPA**  
3 Hardman Square,  
Spinningfields,  
Manchester  
M3 3EB

Please Turn Over

# Medical Records Mandate

## Consent form (releasing health records under the General Data Protection Regulation and Section 45 of the Data Protection Act 2018)

### Part A – your details and those of your health professionals

Your full name (and any other names by which you have been known)

Your address

Date of birth:

NHS number (if known):

Date of incident:

GP's name and address (and phone number if known):

Ambulance Service used (in any):

Name (and address if known) of the hospital(s) you attended in relation to this incident:

If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, X-rays) please provide details:

## Part B – your declaration and signature

I have read this form and fully understand the contents of it.

I hereby authorise and request you to provide McLarens copies of all my medical records (including x-rays/scans etc) held by you. This request is made in connection with a claim for damages arising from an accident on the above date.

### To health professionals

I understand that filling in and signing this form gives you permission to give copies of all my health records including complete GP records and any hospital records relating to this incident to McLarens.

I confirm that the records are not required in contemplation of any claim for negligence against my GP, Hospital/NHS Foundation Trust, or any other practitioner who has provided treatment in connection with my accident injuries.

Please give McLarens copies of my health records, in line with the Data Protection Act 2018, within 30 days.

Signed:

Print Name:

Date:

### Important Information about your health records

Your health records typically contain information from almost all consultations and contacts you have had with health professionals in the practice and information sent to the practice about you from others, such as hospital letters.

The information they contain usually includes:

- Why you saw a health professional
- Details of clinical findings and diagnosis, investigations, tests, and scans
- Any options or recommendations for care and treatment the health professional discussed with you
- The decisions made about your care and treatment, including evidence that you agreed and:
- Details of actions health professionals have taken and the outcomes.

### Why your records are needed and what may happen to them?

If you are making, or considering making, a legal claim for compensation related to an injury to your health, various parties will likely need to see copies of all your GP records. They will also need any hospital records made in connection with the incident and others that may be relevant. This is to enable any medical professional and McLarens to understand the incident and your injury and assist McLarens in valuing your claim.

Copies of your records may be seen by:

- The expert who may be instructed to produce a medical report as evidence for the case
- McLarens, the body you are making a claim against and/or their solicitors
- Any other person (such as a barrister) or body (such as the court) officially involved with the claim.

You do not have to give permission for your health records to be obtained and disclosed in your case but if you do not, it is unlikely that your claim will be able to proceed if the medical records are crucial evidence in your claim.

If there is sensitive information in the records that is not connected to the claim, you can discuss the matter with your medical practitioner if appropriate and consider seeking formal legal advice in respect of whether the information is relevant and should be disclosed in the case.

By signing this form, you are agreeing to the health professional, hospital and others named on this form releasing copies of your health records to McLarens. As above, during the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

### **Retention of Medical Records**

Under the General Data Protection Regulation and Data Protection Act 2018 all organisations have responsibilities relating to sensitive information. At the conclusion of the claim McLarens will not keep health records for any longer than is necessary for agreed-to-purposes. All held copies of your health records can be returned to you at the end of the claim at your request. If you do not want them returned, at your request we are able to confidentially destroy them.