

**FREEPHONE:** 0800 387815

Fax: 01772 201547

Website: [www.cycleaid.co.uk](http://www.cycleaid.co.uk)

E-mail: [injuries@cycleaid.co.uk](mailto:injuries@cycleaid.co.uk)



## Cycle Accident Questionnaire

To help us deal with your instructions as efficiently as possible, please complete this form as fully as you can. There is space at the end the form for 'Additional Information' which you can use to provide us with further information or to include more details if there is not enough space in any section of the form (if so, please indicate the question to which the further information relates).

We recognise that the form is detailed, but such information is required to ensure that we fully understand and comply with your wishes. If, however, you are unable to answer any of the questions do not worry, simply complete the form in as much detail as possible and a member of our team will contact you to discuss your case in further detail.

You can save this file at any time and return to it later (your data will not be lost).

Once completed, please return the form to us by clicking on the "submit form" button at the top of this page. Alternatively, you can save the file and then attach it to an email (send your email to [enquiries@cycleaid.co.uk](mailto:enquiries@cycleaid.co.uk)).

Thank you

## SECTION 1: PERSONAL DETAILS

Full name:

Address (including post code):

### Telephone

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Home

Work

Mobile

Email:

Do you wish to correspond by e-mail?    Yes    No

Marital status:

National insurance no:

Date of birth:

Occupation/job title:

### Employer

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Name:

Address:

Works no / clock no:

How did you hear of cycle aid/Simon A

Holt & co?

## SECTION 2: ACCIDENT DETAILS

Date of accident:

Time of accident:

Location of accident:

**Please describe the following**

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(i) Weather conditions:

(ii) Visibility:

Name and address of the other driver  
involved:

Name and address of other driver's  
insurers and policy number (if known):

Registration number, make & model of  
vehicle involved in accident:

Who do you consider was at fault and  
why:

Could either party have avoided the accident?      Yes      No

If yes, please state how:

Was anything said by the other driver (s) afterwards?      Yes      No

If yes, please state exactly what was said:

Was any warning given?      Yes      No

If yes; how and by whom:

**At the time of the accident were you**

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Displaying lights?      Yes      No

Wearing any reflective clothing?      Yes      No

Wearing a cycle helmet?      Yes      No

Estimated speed at which you were  
travelling:

Estimated speed at which the other  
vehicle was travelling:

Were there any witnesses to the      Yes      No  
accident?

If yes; please give details:

1. Name:

Address:

Telephone no:

2. Name:

Address:

Telephone no:

## SECTION 3: POLICE

Was the matter reported to the police?      Yes      No

If yes, please state the name and address  
of the police station:

Telephone number:

Date & time reported:

Reference number:

Name of reporting officer:

Did the police attend the accident?      Yes      No

Have the police advised you of any  
intended prosecution?      Yes      No

If yes, what offence is being considered  
by the police:

## SECTION 4: DESCRIPTION OF ACCIDENT

Please provide a description of how the accident occurred. It is important to describe the position of the vehicles, road signs and lights. Please also name all roads and state direction of travel with reference to districts/towns. (If possible please email or post us a sketch/diagram of the accident)

Description:

## SECTION 5: INJURY & MEDICAL DETAILS

**NB: IMPORTANT**

If you are making a claim for personal injury and you have NOT attended hospital and NOT yet seen your G.P. this will become necessary so that he/she can prepare a medical report to support your claim. We therefore recommend that you make an appointment with your G.P. as soon as possible.

Photographs are very helpful in assessing damages where there is bruising, scarring or swelling. Please write on the back of the photographs, your name, and the date on which the photographs were taken. Please include details of the cost of the photographs in the section entitled "Out of pocket expenses".

Please describe your injuries and current symptoms:

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## Hospital details

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Were you taken to hospital?      Yes      No

If yes, which hospital?

Name:

Address:

Telephone no:

Were you detained in hospital?      Yes      No

If yes; for how long:

Name of consultant attending you:

Hospital reference no (refer to  
appointment card):

What treatment did you receive?

Were x-rays taken?      Yes      No

If so; please state at which hospital the x-  
rays were taken

What are your present symptoms?

## G.P. details

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Have you seen your own G.P.?      Yes      No

If yes, please give dates:

G.P. name:

Address:

Telephone no of surgery:

## Employment details

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Have you returned to work?      Yes      No

If yes, how long were you absent?      Yes      No

If no will work continue to pay you?      Yes      No

Are you receiving SSP or incapacity  
benefit?      Yes      No

If yes, please give details:

Please forward 3 months copy payslips pre and post accident

## SECTION 6: DAMAGE TO BICYCLE & PROPERTY & OTHER OUT OF POCKET EXPENSES

\*\*\*Remember: Please retain all receipts/invoices relating to damaged items and out of pocket expenses. \*\*\*

### Your cycle

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Make and model:

Date of purchase:

Purchase price:

Is your cycle on the road?      Yes      No

If no, where is your cycle stored and  
where might it be examined:

Are storage charges being incurred?      Yes      No

If yes; how much?

Extent of damage to cycle:

Is your cycle insured?      Yes      No

If yes; with whom:

Name:

Address:

Policy number:

Estimated cost of repairs:

(please attach two estimates)

Please give details of any damage to or loss of any personal property in the accident (e.g. Clothing, shoes, helmet, watch, jewellery etc). Please insert approximate values if you are unsure.

	Description of item	Date acquired	Cost when new	Approximate value now
(a)				
(b)				
(c)				
(d)				
(e)				

Please state if it has been necessary to continue in the 'Additional information' section:      Yes      No

Are receipts and invoices available?      Yes      No

### **Out of pocket expenses**

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#### **Travel Fares (give reasons for travel)**

Bus:

Taxi:

Rail:

#### **Medical expenses**

Have you incurred any medical expenses?      Yes      No

(NB: All expenses must be fully justifiable)

If YES; please give details:

## SECTION 7: GUIDANCE ON SPECIAL DAMAGES

Special Damages are items of loss which can be calculated and represent your loss from the date of the accident up to settlement. These include: -

### 1. **Loss of Earnings**

You are entitled to recover your net loss of earnings. We will contact your employer for information to enable us calculate your loss. Your employer may wish to be reimbursed for monies paid out to you during your absence as a result of the accident caused by the other party.

If you are self employed we will need accounts for two years prior to your accident to help us establish your loss.

### 2. **Care**

Your injuries maybe severe and you will need to be cared for by a family member i.e. your partner or parents. Loss of earnings may have been incurred by that person. Please make a note of the number of hours of care provided over and above the normal services provided.

### 3. **Other items of specific loss are:-**

Cost of the repair of the bicycle/replacement.

Hire charges.

Storage charges

Damage to clothing

Bus Fares

Taxi fares

Rail fares

Petrol Expenses

Prescription/Medication Charges

Damaged items

Telephone/Postage charges

Physiotherapy/Chiropractic Treatment costs.

**It is important that you keep invoices/estimates/receipts for all expenses incurred.**

You are also under an obligation to take all reasonable steps to minimise your loss.