

Claim notification form (Form RTA1)

Low value personal injury claims in
road traffic accidents (£1,000 - £10,000)

Before filling in this form you are encouraged to seek independent legal advice.

Date sent

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Items marked with (*) are optional and the claimant must make a reasonable attempt to complete those boxes.
All other boxes on the form are mandatory and must be completed before being sent.

Are you a litigant in person? ☐ Yes ☐ No

*If you are the litigant in person please put your
details in the claimant's representative section.*

Claimant's representative - contact details

Name

--

Address

--

Postcode

--	--	--	--	--	--

Contact name

--

Telephone number

--

E-mail address

--

Reference number

--

Defendant's details

Defendant's name

--

Defendant's address*

--

Postcode

--	--	--	--	--	--

Defendant's vehicle registration number

--

Policy number reference

--

Insurer name

--

Referral source*

Please state the source from which this claim was referred

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Section A — Claimant's details

☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Other

Claimant's name

Address

Postcode

Date of birth

Is this a child claim? ☐ Yes ☐ No

National Insurance number

If the claimant does not have a National Insurance number, please explain why

Occupation

Claimant's vehicle registration number (if applicable)

Accident date

Section B — Injury and medical details

1.1 What type of injury was suffered?

☐ Soft tissue ☐ Bone injury ☐ Whiplash
☐ Other

Please provide a further brief description of the injury sustained as a result of the incident

1.2 Has the claimant had to take any time off work as a result of the injury?

☐ Yes ☐ No

1.3 Is the claimant still off work?

☐ Yes ☐ No

If No, how many days in total was the claimant off work?

1.4 Has the claimant sought any medical attention?

☐ Yes ☐ No

If Yes, on what date did they first do so?

this section continues over the page ➞

Section B — Injury and medical details

- 1.5 Did the claimant attend hospital as a result of the accident?

☐

Yes

☐

No

If Yes, please provide details of the hospital(s) attended

If hospital was attended, was the claimant detained overnight?

☐

Yes

☐

No

If Yes, how many days were they detained?

Section C — Rehabilitation

- 2.1 Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy?

☐

Yes

☐

No

☐

Medical professional not seen

If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider

- 2.2 Are you aware of any rehabilitation needs that the claimant has arising out of the accident?

☐

Yes

☐

No

If Yes, please provide full details

Section D — Vehicle damage

3.1 Is the claimant claiming damage to their own vehicle?

☐

Yes

☐

No

If No, please go to Section F

3.2 Details of the insurance cover held for the vehicle?

☐

Comprehensive

☐

Third party fire and theft

☐

Third party only

☐

Other (please specify)

3.3 Is the claim for vehicle damage proceeding through the claimant's insurer?

☐

Yes

☐

No

If No, is the claim for vehicle damage proceeding through an alternative company?

☐

Yes

☐

No

If the claim is proceeding through an alternative company, please provide full details, if known*

3.4 Is the vehicle a total loss or likely to be?

☐

Yes

☐

No

☐

Not known

If No, what is the current position with the repairs?

☐

Complete

☐

Authorised

☐

Not yet authorised

☐

Not known

3.5 Do you require the defendant's insurer to organise the repairs and/or inspection of the vehicle?

☐

Yes

☐

No

If Yes, please provide contact details and where the vehicle is located

Section E — Alternative vehicle provision

(If the claimant has been provided a vehicle by their insurer, please go to Section F)

4.1 Does the claimant require the use of an alternative vehicle? ☐ Yes ☐ No

4.2 Has the claimant been provided with the use of an alternative vehicle? ☐ Yes ☐ No

If Yes, is the hire need still on going? ☐ Yes ☐ No

4.3 If a vehicle has been provided, please give the following details:

Name of provider

Address of provider

Reference

Start date

End date

Vehicle registration number*

Make*

Model*

Engine size (cc)*

4.4 Do you require the defendant’s insurer to provide your client with an alternative vehicle? ☐ Yes ☐ No

If Yes, please provide the following details:

What type of vehicle is required?

Contact name and telephone number

Section F — Accident details

5.1 At the time of the accident the claimant was

- ☐ The driver
- ☐ The owner of the vehicle but not driving
- ☐ A passenger in or on a vehicle owned by someone else
- ☐ A pedestrian
- ☐ A cyclist
- ☐ A motorcyclist
- ☐ Other (please specify)

5.2 If the claimant was the driver or passenger, how many occupants were in the claimant’s vehicle?

5.3 If the claimant was the driver or a passenger, was the claimant wearing a seatbelt?

- ☐ Yes
- ☐ No
- ☐ Seatbelt not supplied

5.4 If the claimant was a passenger please provide the details of the driver and the owner of the vehicle in which the claimant was a passenger unless the driver is the defendant:

Driver’s name*

Address*

Postcode

If owner not the driver, owner’s name*

Make and model of vehicle*

Vehicle registration number*

Insurance company name*

Address*

Postcode

Policy number*

Section G — Accident time, location and description

6.1 Estimated time of accident (24 hour clock)

6.2 Where did the accident happen?

6.3 Weather and road conditions

Weather conditions

☐ Sun

☐ Rain

☐ Snow

☐ Ice

☐ Fog

☐ Other (please specify)

Road conditions

☐ Dry

☐ Wet

☐ Snow

☐ Ice

☐ Mud

☐ Oil

☐ Other (please specify)

6.4 Please select the most accurate description of the accident circumstances from the list opposite

☐ Claimant vehicle hit by party emerging from side road

☐ Claimant vehicle hit in the rear

☐ Claimant vehicle hit whilst parked

☐ Accident in a car park

☐ Accident on a roundabout

☐ Accident involving vehicles changing lanes

☐ Concertina Collision

☐ Other

this section continues over the page ➡

Section G — Accident time, location and description (continued)

6.5 Please give a brief description of the accident, including approximate speeds of all vehicles and details of the areas of vehicle damage

6.6 Was the incident reported to the police? ☐ Yes ☐ No ☐ Not known

If Yes, please provide the following, if known:

Name and address of police station*

Name of Reporting Officer*

Reference number*

Section H — MIB Claims - For uninsured cases only

7.1 Details of defendant and vehicle

Full name

Address

Postcode

Vehicle registration number

Make

Model

Colour

7.2 Description of defendant

7.3 Approximate age of defendant

7.4 Sex of defendant

☐ Male

☐ Female

☐ Not known

7.5 How were the defendant's details obtained?

Section I — Other party details

8.1 If parties other than the claimant and defendant were involved or there were witnesses please provide their details below:

☐ Not applicable

☐ Witness

☐ Other party
(please specify)

Postcode

Vehicle registration number*

Vehicle make and model*

Insurance company name*

Address*

Postcode

Policy number*

this section continues over the page ➡

Section I — Other party details (continued)

8.3

☐ Witness

☐ Other party (please specify)

Name

Address

Postcode

Vehicle registration number*

Vehicle make and model*

Insurance company name*

Address*

Policy number*

8.4

☐ Witness

☐ Other party (please specify)

Name

Address

Postcode

Vehicle registration number*

Vehicle make and model*

Insurance company name*

Address*

Postcode

Policy number*

Section J — Accidents involving a bus or a coach

9.1 Where the accident involved a bus or a coach, please complete the following:

Driver name and ID number*

Description of the driver*

Description of vehicle, including route number and direction of travel, type, colour and markings of vehicle

Approximate number of passengers on the bus/coach*

9.2 Is evidence of travel available?

☐ Yes ☐ No

If No, please state why not

Section K — Liability

10.1 Why does the claimant believe that the defendant was responsible for the incident?

10.2 If the claimant believes that another party noted in Section I could bear some responsibility, please confirm which*

Section L — Funding

- 11.1** Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k)? ☐ Yes ☐ No

If Yes, please tick the following boxes that apply

- ☐ The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990

Date conditional fee arrangement was entered into

 / /

- ☐ The claimant has taken out an insurance policy to which section 29 of the Access to Justice Act 1999 applies.

Name of insurance company

Address of insurance company

Policy number

Policy date

 / /

Level of cover

Are the insurance premiums staged?

☐ Yes ☐ No

If Yes, at which point is an increased premium payable?

- ☐ The claimant has an agreement with a membership organisation to meet their legal costs.

Name of organisation

Date of agreement

 / /

- ☐ Other, please give details

For MIB Claims only

- 11.2** The claimant would like their claim to be considered for free legal expenses insurance ☐ Yes ☐ No

Section M — Other relevant information*

Section N — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below will be by the child's parent or guardian or by the legal representative authorised by them.

- ☐ I am the claimant's solicitor. The claimant believes that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.
- ☐ I am the claimant. I believe that the facts stated in this claim form are true.

Signed

Date _____

		/			/				
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Position or office held
(if signed on behalf of firm or company)

1. *What is the main purpose of this study?*

- ☐ I have retained a signed copy of this form including the statement of truth.

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Insurer response

Capacity

In what capacity is the insurer acting in this case?

- ☐ Insurer in contract
- ☐ RTA Insurer
- ☐ Article 75 Insurer on behalf of MIB
- ☐ MIB
- ☐ Other (please specify)

Section A — Liability

Please select the relevant statement from
those opposite

For MIB claims only

- ☐ The MIB consent to being added to the Stage 3 Procedure as a second defendant.
The MIB has no authority contractual or otherwise to bind another defendant but subject there to will say that one of the options below applies.

Defendant admits:

Accident occurred
Caused by the defendant's breach of duty
Caused some loss to the claimant, the nature and extent of which is not admitted

- ☐ The above are admitted
- ☐ The defendant makes the above admission but the claim will exit the process due to contributory negligence other than failure to wear a seatbelt

If the defendant does not admit liability please provide reasons below

Section B1 — Services provided by the insurer - Rehabilitation

Is the insurer prepared to provide rehabilitation? ☐ Yes ☐ No

Has the insurer provided rehabilitation? ☐ Yes ☐ No

If Yes, please provide full details below

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Section B2 — Services provided by the insurer - Alternative vehicle provision

Has the insurer instructed the supply of an alternative vehicle? ☐ Yes ☐ No

If Yes, please provide full details below

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Section B3 — Services provided by the insurer - Repairs/Inspection

Has the insurer organised repairs or arranged an inspection? ☐ Yes ☐ No

If Yes, please provide full details below

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Section C — Response information

Date of notification / /

Date of response to notification / /

Defendant's date of birth* / /

Defendant's insurer details

Address	
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Contact name	
Telephone number	
E-mail address	
Reference number	