

Claim notification form (RTA1)

Low value personal injury claims in
road traffic accidents (£1,000 - £25,000)

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.

What is the value of your claim? ☐ up to £10,000

☐ up to £25,000

Please tick here if you are not legally represented? ☐

If you are not legally represented 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

--

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

- 1.6 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*

Owner’s address*

Postcode

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) of which they are required to give notice to the defendant? ☐ 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 by law 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 legal representative. 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)

Category	Item	Value
Category 1	Item 1	10
Category 1	Item 2	20
Category 1	Item 3	30
Category 1	Item 4	40
Category 1	Item 5	50
Category 1	Item 6	60
Category 1	Item 7	70
Category 1	Item 8	80
Category 1	Item 9	90
Category 1	Item 10	100
Category 1	Item 11	110
Category 1	Item 12	120
Category 1	Item 13	130
Category 1	Item 14	140
Category 1	Item 15	150
Category 1	Item 16	160
Category 1	Item 17	170
Category 1	Item 18	180
Category 1	Item 19	190
Category 1	Item 20	200
Category 1	Item 21	210
Category 1	Item 22	220
Category 1	Item 23	230
Category 1	Item 24	240
Category 1	Item 25	250
Category 1	Item 26	260
Category 1	Item 27	270
Category 1	Item 28	280
Category 1	Item 29	290
Category 1	Item 30	300
Category 1	Item 31	310
Category 1	Item 32	320
Category 1	Item 33	330
Category 1	Item 34	340
Category 1	Item 35	350
Category 1	Item 36	360
Category 1	Item 37	370
Category 1	Item 38	380
Category 1	Item 39	390
Category 1	Item 40	400
Category 1	Item 41	410
Category 1	Item 42	420
Category 1	Item 43	430
Category 1	Item 44	440
Category 1	Item 45	450
Category 1	Item 46	460
Category 1	Item 47	470
Category 1	Item 48	480
Category 1	Item 49	490
Category 1	Item 50	500
Category 1	Item 51	510
Category 1	Item 52	520
Category 1	Item 53	530
Category 1	Item 54	540
Category 1	Item 55	550
Category 1	Item 56	560
Category 1	Item 57	570
Category 1	Item 58	580
Category 1	Item 59	590
Category 1	Item 60	600
Category 1	Item 61	610
Category 1	Item 62	620
Category 1	Item 63	630
Category 1	Item 64	640
Category 1	Item 65	650
Category 1	Item 66	660
Category 1	Item 67	670
Category 1	Item 68	680
Category 1	Item 69	690
Category 1	Item 70	700
Category 1	Item 71	710
Category 1	Item 72	720
Category 1	Item 73	730
Category 1	Item 74	740
Category 1	Item 75	750
Category 1	Item 76	760
Category 1	Item 77	770
Category 1	Item 78	780
Category 1	Item 79	790
Category 1	Item 80	800
Category 1	Item 81	810
Category 1	Item 82	820
Category 1	Item 83	830
Category 1	Item 84	840
Category 1	Item 85	850
Category 1	Item 86	860
Category 1	Item 87	870
Category 1	Item 88	880
Category 1	Item 89	890
Category 1	Item 90	900
Category 1	Item 91	910
Category 1	Item 92	920
Category 1	Item 93	930
Category 1	Item 94	940
Category 1	Item 95	950
Category 1	Item 96	960
Category 1	Item 97	970
Category 1	Item 98	980
Category 1	Item 99	990
Category 1	Item 100	1000
Category 1	Item 101	1010
Category 1	Item 102	1020
Category 1	Item 103	1030
Category 1	Item 104	1040
Category 1	Item 105	1050
Category 1	Item 106	1060
Category 1	Item 107	1070
Category 1	Item 108	1080
Category 1	Item 109	1090
Category 1	Item 110	1100
Category 1	Item 111	1110
Category 1	Item 112	1120
Category 1	Item 113	1130
Category 1	Item 114	1140
Category 1	Item 115	1150
Category 1		

- ☐ 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 defendant has no accrued defence to the claim under the Limitation Act 1980

- ☐ 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	