

Personal Injury Application Form

(to be used for individual assessments)

Please remember that all sections of this form must be completed

I. LAWYER'S DETAILS

Name of Lawyer's Firm:

Lawyer's Name:

Lawyer's Reference:

Location of Firm:

2. CLIENT'S DETAILS

Client's Full Name:

Client's Date of Birth - if applicable (dd/mm/yyyy):

Client's Address:

3. OPPONENT'S DETAILS

Opponent's Name:

Opponent's Address:

Name and Address of the Insurer of your Opponent, or means of satisfying judgement:

4. CASE DETAILS

Date of Incident/Breach:

Type of Case:

Provide a summary of the case. Please outline the nature of the accident, the injuries sustained, the existence of contributory negligence, trial issues, etc. Please attach a separate page if more room is required.

Date of the Contingency Fee Agreement:

Has liability and negligence been established to your satisfaction? Yes No

If 'No', please explain:

Have pleadings been issued? Yes No

Please provide the following details:

• Date Pleadings Issued:

• Trial Window/Date(s):

Please provide an estimate of damages sought (\$):

Please indicate the likelihood of winning the claim (%):

Has a formal offer been made by the defense?

Yes No

If 'Yes', please explain why you believe the formal offer is inadequate:

Estimated costs and disbursements incurred to date:

5. DECLARATION

I/We declare that all the above statements are true and correct to the best of my/our knowledge and I/we have not missed out any facts which are likely to affect your decision to provide cover. I/We agree that the proposal and declaration will form part of the contract between me/us and Arch Insurance.

Signature (of person signing for and on behalf of the Proposer) (Please print name)

Date signed

Please send this completed form together with any other relevant documents to **case@redressrisk.com**.