

Legal Assistance (Personal Injury) Claim Form (NIPSA Member)

Part 1 About your membership

1. Surname:										
2. Forename(s): (in full)										
3. Branch No.				4. Membership No.						
5. National Insurance No.										

For NIPSA Headquarters use only

Membership confirmed (date)

Membership complies with Rule 9.19 Yes No tick appropriate box

Membership confirmed by.....

Form LS1 issued to member/forwarded to MTB (date).....

Part 2 Your contact details

6. Home Address:	
Postcode:	
7. Work Address: (in full)	
Postcode:	

Contact	Work	Home	Mobile
8. Telephone			
9. Email			

Part 3 Status and dependants

10. Date of Birth:	11. Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/>
12. How many dependants?	
13. Grade:	14. Net Monthly Income:

Part 4 Details of your accident

(In this section references to an accident should be regarded as including disease)

15. Place where accident occurred:	
16. Date of accident:	17. Time of accident:
18. Date you ceased to work:	19. Were you on duty at the time? Yes <input type="checkbox"/> No <input type="checkbox"/>
20. To whom was the accident reported?	
21. When was the accident reported?	
22. Have you entered into any correspondence with anyone in relation to your accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23. If the answer to 22 is Yes please state nature of correspondence and if possible forward copies of correspondence.	
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24. If you have any other documents please attach them to this form and list them below.	
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Part 5 Details of your accident

25. Please outline your injuries
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26. How long do you anticipate being off work?

27. Name and address of hospital you are attending, or have attended, and the names and addresses of doctors who have attended you.

28. Have you submitted a claim under the Industrial Injuries Act? Yes No

29. If the answer to 28 is Yes has the claim been allowed? Yes No

30. If the answer to 29 is Yes please list benefits you are receiving.

Part 6 Explanation of your accident

31. Explain (on Page 6 and 7) exactly how and why the accident occurred.

A sketch is highly desirable (on Page 8) and full details should be given.

If you suffer from a disease explain the circumstances in which it was contacted.

The explanation may be continued on a separate page (if necessary) and attached to your completed LS2.

32. Do you think the accident was due to any person other than yourself? Yes No

33. If the answer to 32 is Yes please give full details.

34. Names and addresses of all witnesses to the accident.

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Part 7 Were you involved in a Road Traffic Accident?

Complete this section if your accident was the result of a Road Traffic Accident.

35. Registration Number of other party's vehicle							
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Type of vehicle (eg car, van, lorry, motor-cycle, etc)

36. Registration Number of your vehicle							
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Type of vehicle (eg car, van, lorry, motor-cycle, etc)

37. Were you: The Driver A Passenger A Pedestrian

38. If you were a passenger/pedestrian please state name and address of driver. (in full)

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39. Details of damage to clothing and personal effects or other out of pocket expenses.

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Part 8 Declaration

To: The Northern Ireland Public Service Alliance

I hereby apply for Legal Assistance under the NIPSA Legal Assistance (Personal Injury) Scheme (hereafter called "The Scheme") to pursue a claim for damages in respect of the accident or incident of which particulars are set out in this form.

I authorise NIPSA to handle this claim on my behalf, and in particular to instruct Solicitors to act for me. I declare that I have not already instructed Solicitors in this matter nor issued proceedings, and I undertake that I will not, except with the consent of NIPSA, settle any action or proceedings or enter into any negotiations in connection with the claim (whether with my employers, their Insurance Company, or any other person).

I have read and agree to abide by the Regulations of the Scheme as set out in the "Regulations Governing the Grant of Legal Assistance (Personal Injury)" and I understand that I must refund to NIPSA, out of any damages obtained, such expenses as may have been incurred on my behalf by NIPSA or its Solicitors, insofar as these are not recovered from any third party, and I authorise NIPSA's Solicitors to deduct same from any sums which they may recover.

I also understand, subject to the scheme regulations and the NIPSA Rule Book that I must refund to NIPSA such expenses as may have been incurred on my behalf by NIPSA or its Solicitors if (i) the Solicitors advise NIPSA that I have a prima facie case but I do not wish to proceed with the case, (ii) if at any stage I am advised by the Solicitors or Counsel engaged by NIPSA on my behalf that the case should be settled and I unreasonably refuse to accept the legal advice given to me or (iii) if at any stage I retain the services of another solicitor whilst the NIPSA Solicitor has been instructed. (iv) if I fail to fully comply with the scheme regulations.

Further, I accept that NIPSA has the right to either revoke or withdraw Legal Assistance at any stage.

Dated this: **day of:** **20**

Signed: (Applicant)

Return the completed form to:

Legal Assistance (Personal Injury) Scheme
NIPSA Headquarters
54 Wellington Park
Belfast
BT9 6DP

Explanation of accident

Use this section to explain exactly how and why the accident occurred.

A large rectangular area with a solid top and bottom border and a solid left and right border. The interior of the rectangle is filled with horizontal dotted lines, providing a guide for writing the explanation of the accident.

A large rectangular area with a solid top and bottom border and a dotted middle border, resembling a handwriting practice line. The dotted line is positioned approximately one-third of the way down from the top border. The rest of the area is blank white space.

Sketch of accident (if applicable)

A sketch of the accident is highly desirable and full details should be given.

