

Injured Person's detailsALL PARTS MARKED IN RED OR WITH AN ASTERISKS ARE MANDATORY REQUIREMENTS
AS SET OUT IN REGULATIONS 3, 6 & 7 OF THE SOCIAL SECURITY
(RECOVERY OF BENEFITS) REGULATIONS 1997, AND MUST BE COMPLETED.

National Insurance Number

*** Date of Birth**

Office use

V

NV

*** Surname**

Date of Death

Office use

V

NV

*** First Forename***** Address**

Other Forename

Any other known surname(s) eg. Maiden name

*** Postcode**

Title

Sex (F for Female, M for Male)

Reason for claim as alleged by the Injured Person

If accident or alleged clinical negligence:

*** Date of accident/incident***** Full description of injuries resulting from the accident and condition / reason for which compensation is claimed** - (state Left or Right where appropriate)

If disease:

Office use:
Disease code**Name of disease** – if compensation is also being claimed for condition(s) prior to disease being diagnosed, give those details as well**Type of Liability**E for Employer
P for Public
M for MotorC for Clinical Negligence
O for Other**Compensator details**Name of compensator or compensator's
representativeOn behalf of: (Enter name of compensator if
representative's details given opposite)

Full Postal Address and DX Address (if known)

Your reference (maximum of 24 characters)

Name of Insured / Policy Holder or Car Registration

Postcode

Telephone

Fax

Injured Person's Representative Details

Name of representative

Reference (maximum of 24 characters)

Full Postal Address and DX Address (if known)

Telephone

Fax

Postcode

Hospital details

All incidents on or after 29.01.07

Road Traffic Accidents only before 29.01.07

PARTS MARKED IN RED OR WITH AN ASTERISKS ARE MANDATORY REQUIREMENTS AS SET OUT IN REGULATION 7 OF THE ROAD TRAFFIC (NHS CHARGES) REGULATIONS 1999 AND REGULATION 5 OF THE PERSONAL INJURIES (NHS CHARGES) (GENERAL) AND ROAD TRAFFIC (NHS CHARGES) (AMENDMENT) REGULATIONS 2006, AND MUST BE COMPLETED.

Did the injured person receive NHS treatment because of the incident?

Yes No *

Give details of the hospital(s) or trust(s) the Injured Person attended or was admitted to in order of attendance, **unless the compensator is the same as the trust, in which case, leave blank.**

* Name of hospital (1) (if applicable)

Name of hospital (2)

* Address (if applicable)

Address

Postcode

Postcode

For Road Traffic accidents before 29.01.07: - If you are claiming exemption from recovery of NHS Charges on the grounds of nil requirement to carry compulsory insurance, (section 144, Road Traffic Act 1988) state category of exemption here:

Employment details

Only complete in disease cases or if date of accident is before 06.04.1994

Was the Injured Person absent from work prior to 06.04.1994 as a result of the disease/condition(s) for which compensation has been claimed? Yes No

If Yes, please give name and address of employer(s) and employee payroll number here:

What to do now

Send this form to :- Compensation Recovery Unit
Durham House
Washington
Tyne & Wear
NE38 7SF

DX68560
Washington 4
Tel: [Contacts](#)
Fax: 0191 2252324
Date: _____

Alternatively you can email this form to: cru1@dwp.gsi.gov.uk

OFFICE USE

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Benefit Offices

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