

GARWYN REF:

Declaration Form A (Claiming)

I declare that I am making a claim for injuries caused by the negligent use of a mechanically propelled vehicle in respect of this accident on:

PATIENT NUMBER:

Date of Accident: _____

Patient's Signature: _____

Solicitors Name /Other: _____

Address: _____

Declaration Form B (Not Claiming)

I declare that I am not entitled to receive damages or compensation in respect of injuries caused by the negligent use of a mechanically propelled vehicle in respect of this accident. If this should change at any future date I will inform the hospital of the same.

PATIENT NUMBER:

Signed: _____

Address: _____

Date: _____

***** Please note that if you are not making a Claim you are still liable for €100 A&E Government Levy Charge *****

PATIENT NUMBER:

Patient Name:

Please give a brief description of how the accident occurred: