

WITNESS QUESTIONNAIRE – DRIVER – CVD. T10771518

1. What is your date of birth?
25/07/1994
2. What is your occupation?
Front End Developer
3. At the time of the accident, was your driving licence endorsed with any convictions or penalty points?
No
4. Were you the owner of the vehicle? (If not, please state who the owner was and whether you were authorised to drive it.)
The car is a lease, so I think the owner is technically the finance company Alphabet.
5. Did you have any medical conditions which may impair your driving capability at the time of the accident?
No
6. Had you taken any alcohol or drugs, including prescription drugs, within the 24 hours before the accident?
No
7. Do you wear glasses or contact lenses? If so, were you wearing these when you witnessed the accident?
No
8. At what time of day did the accident occur?
Morning, around 8:45am.
9. Was it dark? If so, what lights were the vehicles displaying?
No
10. Where were you travelling to and from before the accident occurred?
From home to work. Basingstoke to Kingston.
11. Were you in a rush?
No
12. What were the weather and/or driving conditions?
Normal morning weather, perhaps slightly damp.
13. What were the road conditions like at the time of the accident?
Heavy traffic but nothing more.
14. How familiar were you with the road layout of the accident location?
Very.
15. How often have you driven down the road in question?

25. Did an ambulance attend the scene?

No.

26. Did the police attend the scene? If so, please provide details of the attending police officer, and the police reference number.

No.

27. Are any of the parties involved known to you? If so, please give details

No.

28. Are you willing to attend Court to defend this matter?

If needs be, yes.

I believe the facts stated above to be true and understand that the information provided will be disclosed to the court in evidence.

Signed: 

Date: 13/12/2021

Please delete as appropriate and scan and email to the file handler or return in the self-addressed envelope provided.

I confirm that I do not have an outstanding claim for personal injury and/or uninsured losses.

The solicitors acting for me are.....N/A..... and

the reference is N/A

I confirm that I am willing to attend Court. Dates to be avoided are

Beginning of April.

I confirm I do not intend to pursue a claim for uninsured losses. My losses are:

Loss	Amount Claimed	Invoice Attached
Hire Car	-----	Yes / No
Damaged Items	-----	Yes / No
	-----	Yes / No
	-----	Yes / No
Other	-----	Yes / No

Signed 

Print NameSam Awan.....

Dated.....13/12/2021.....

If we hold money on your behalf interest will be calculated and paid to you in accordance with the Solicitors Accounts Rules 1991. The period for which interest will be paid will normally run from the date on which cleared funds are received by us until the date of issue of any cheque in payment.

6. FINANCIAL SERVICES

We are not authorised by the Financial Conduct Authority. However, we are included on the register maintained by the Financial Conduct Authority so that we can carry on insurance mediation activity, which is broadly the advising on, selling and administration of insurance contracts. This part of our business, including arrangements for complaints or redress if something goes wrong, is regulated by The Law Society. The register can be accessed via the Financial Conduct Authority website at www.fsa.gov.uk/register.

GENERAL

The above leaflet outlines some general guidance and the firm's terms of acting in relation to civil litigation matters for which we are already instructed by a motor insurer. This information and these terms will not necessarily apply to other types of legal services which the firm offers. We are happy to provide a copy of the firm's brochure upon request.

Keoghs LLP