

REHABILITATION FORM FOR THIRD PARTIES

If you have been injured following an accident caused by our customer and you feel or have been advised that physiotherapy will assist, we can arrange treatment quickly in your local area at no cost to you.

If you would like to be considered for treatment, we will refer you directly to our nationwide provider who will arrange an immediate assessment with an appropriately qualified expert. In the event that the expert considers that treatment will assist you, follow-up sessions will be arranged locally to you and at your convenience. Treatment will continue whilst it is considered to remain of benefit.

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE. FAILURE TO ANSWER QUESTIONS MAY CAUSE DELAY

1. YOUR DETAILS

Full Name _____ Date of Birth _____

Home Address _____

Post Code |_|_|_|_|_|_|_|_|_|

Telephone No. _____ Mobile No. _____

Email address. _____

Occupation _____ Part Time Occupation _____

2. NATURE OF INJURY

Please give details of the nature of your injury:

Is the injury preventing you from working? Yes / No (please circle answer)

Is the injury preventing you from undertaking any other activity? Yes / No (please circle answer)

If yes, please list activities you are prevented from undertaking below:

DECLARATION (PLEASE READ BEFORE SIGNING)

I consent to my personal data being provided to the medical agency and treatment provider for the sole purpose of the provision of treatment of the injury described. I further consent to the treatment provider preparing an initial assessment report detailing the number of treatment sessions required and an end of treatment report to the insurer. I understand that the number of treatment sessions may vary from the initial assessment dependent upon the progress made during the course of the treatment and interim reports may be sent in the event that more or fewer sessions are necessary. (Please tick)

Third party signature _____

DATE _____

Please return the completed form to Sabre by email at: claims@sabre.co.uk

Or by post to: Claims Department, Sabre House, 150 South Street, Dorking, Surrey RH4 2YY