NATIONAL UNION OF RAIL, MARITIME & TRANSPORT WORKERS

Application for Legal Assistance
ACCIDENT & INDUSTRIAL DISEASE CLAIMS

Form L1 England & Wales

Membership No...... **Date Received:**.....

Claimant:..... **Date of Accident:**.....

TO THE INJURED MEMBER

Please complete this form and send it to TUCH, Synergy Building, Campo Lane, Sheffield, S1 2EL. Advice of your entitlement to benefits from the Department of Social Security will be forwarded to you.

CLAIMS FOR DAMAGES

If you consider there are grounds on which a damages claim can be based and you wish the Union to act for you, do not delay in submitting this form.

IMPORTANT

Members should not communicate with the person or persons against whom a claim is to be made, or with representatives of such persons. Terms of settlement should not be accepted or discussed unless advised by this Union or its Solicitors.

CONTRIBUTIONS

It is important to understand that while a claim for damages is proceeding on a member's behalf, it is the member's responsibility to remain in benefit in accordance with Rule 15, Clause 8. Any member of the general grades of the Union whose contributions are eight weeks or more in arrears whilst in employment, shall cease to be a member unless good cause can be shown to the contrary in accordance with Rule 2, Clause 16. This Rule also applies to members of the Shipping Grade who are 26 weeks or more in arrears whilst in employment.

DECLARATION BY MEMBER

1. *I hereby certify that I have read and understood the basis upon which the Union and their Solicitors will pursue my claim for damages. Should I fall into arrears, the Solicitors will be instructed to take no further action on my behalf until I have paid the outstanding arrears.*
2. *I hereby authorise the Union's Solicitors to deduct from damages any arrears of contributions as calculated by Head Office of RMT.*
3. *In the event of an appeal on the part of the defendants following an award of damages trial, I hereby give my irrevocable authority for any cheque for damages issued, to be held in the Solicitor's client account, pending the outcome of the appeal.*
4. *Under the Data Protection Act, 1998, I must give express consent for the processing of personal data. In giving this consent, I accept that the information relevant to my case, must be accessible to designated/appropriate Union lawyers, RMT Officers and staff. Further, I understand that should representation be declined and a subsequent appeal be lodged under Rule, a précis of my case will be published in the relevant Decisions of the Council of Executives or Annual General Meeting.*

SIGNED..... *DATED*.....

DECLARATION BY BRANCH SECRETARY

1. *I certify that this member is in benefit in accordance with Rule 15, Clause 8. I will inform Head Office if, to my knowledge, the member falls out of benefit, during progress of this claim.*
2. *I confirm that I have explained the above declaration to the member who has agreed to instruct the Union and their Solicitors on that basis.*

BRANCH STAMP

SIGNED.....

DATED.....

1. Surname: .....

Title (Mr / Mrs / Miss / Ms): .....

Full Forenames: .....

Address: .....

Telephone No. .....

Date of Birth: ..... National Insurance No. .....

Membership No.: ..... Date Joined Union: .....

Seafarer Clearance Date: .....

Seafarer Dis. A. Book No. .....

2. **ACCIDENT**

Place / Ship / Port / Sea: .....

Grade /Job Title / Occupation: .....

Home Depot / Base / Port: .....

3. Employer's Full Title and Address: .....

Local Manager's Full Title and Address: .....

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Clock No. .....

Date Entered Service: .....

4. Accident Reported: Date: ..... By Whom: .....

To Whom: ..... Where: .....

Was Entry made in Accident Book? .....

5. Date and Time Ceased Work: ..... Date Resumed: .....

6. Exact Nature of Injuries: .....

7. **DETAILS OF DEPENDANTS**

NAME	Relationship to Injured Member	Date of Birth	If working or in receipt of any other income, state amount

8. **DESCRIBE IN FULL DETAIL** the exact circumstances leading up to your accident and how it happened. Please remember that inaccurate or misleading information may prejudice a claim for damages.

9. **CLAIM FOR DAMAGES:** I certify that the statement above is a true account of my accident, and I authorise the National Union of Rail, Maritime & Transport Workers to pursue a claim for damages on my behalf. Clearly state who or what is alleged to have been negligent and why. In the event of an outside firm being involved, the name and full postal address is required, together with the name of the person who was negligent.

SIGNED..... *DATED*.....

10. **NAMES AND ADDRESSES OF ANY EYE WITNESSES AND WITNESSES:** State which applies.

What were your average weekly earnings before the accident, net of tax and other statutory deductions, but including tips, overtime and any other enhanced payments? **SEAMEN:- DATE SIGNED ARTICLES** **PLEASE FORWARD ACCOUNT OF WAGES. IT WILL BE RETURNED PROMPTLY.**	
On what date did you resume work?	
Has Statutory Sick Pay been paid? If so, at what rate?	
Type of benefit claimed from D.S.S. (if applicable)	
Had you fully recovered on resuming duty? If not, give details of remaining disability and attach to this form all advices received from the Department of Social Security regarding Disablement Benefit. Address of Local D.S.S. office.	
Did you resume in your pre-accident grade without loss of earnings? If not, give details of work taken up and amount of any continuing loss of earnings. For how long did this loss continue, or how long is it likely to continue? All advices from the Department of Social Security regarding your claims should be attached.	
Name, address and telephone number of your private doctor.	
Name, address and telephone number of hospital where your injuries were treated, name of Consultant and your case number.	

TO BE COMPLETED BY SEAFARING GRADES ONLY:

Were you left in hospital? If so, state name of port.			
For what period did you receive hospital treatment?			
(1) In Patient, from	20	to	20
(2) Out Patient, from	20	to	20
Did you receive treatment from a private doctor? If so, for what period were you under his care?			
Were you sent home ”D.B.S.”? If so, were you incapacitated on your voyage home?			
Date of arrival in United Kingdom. On board the S.S.			
Port or airport at which you landed.			
Date and port of discharge.			