

DOMESTIC ASSISTANCE QUOTATION SERVICES (DAQS) INSTRUCTION FORM



photofile

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Where did you hear about Photofile?

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Previously Instructed APIL Conference AvMA Conference MASS Conference Internet Mail Campaign Word of Mouth

Other (please specify)

Instructing Party

Name:

Address:
Please provide DX address if applicable

Date:

Fee Earner*:

Reference Number*:

Email Address*:

Direct Dial*:

Facsimile:

Claimant Details

Name:

Address:

Date of Birth:

Home Telephone:

Work Telephone:

Mobile Number:

Email Address:

Services requiring quotation:

Special Instructions: Please provide a copy of your client's Schedule of Loss and any Witness Statement if applicable, to enquiries@photofiletd.co.uk at the point of instruction

Litigation Friend Details

Name:

Address:

Date of Birth:

Home Telephone:

Work Telephone:

Mobile Number:

Email Address:

Association with client?

You will receive one digital quotation letter

Do you require a hard copy?

Would you like to receive information in relation to any of the below products, in relation to this claim?

Scarring Reports DVD Services Locus Reports Locus-in-Motion 'Classic' Locus-in-Motion '2nd Generation'

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SUBMIT

Please print and fax to 01285 658 108

Photofile Medical Ltd, Globe house, Love Lane, Cirencester, Gloucestershire GL7 1YG Tel: 01285 658 111

