

# Personal Injury Client Checklist

*\* Some items may not apply or we may already have them in our possession. However, these items help our office represent our clients effectively. Please do your best to assemble the following information:*

- ALL Photographs depicting damage to your vehicle.** If you don't have any photos, please try your best to take some. Photos should capture the damage from several angles. Digital pictures are best and can be delivered to us by email and/or disc. If *your* insurance company took photos, please ask them to get you those pictures as well. If you are already our client, you can have your insurance company send the photos directly to our office. It's your file, so you are entitled to the photos.
- ALL photographs depicting damage to any other vehicles involved in the accident.**
- Your auto insurance information** (name, address, policy numbers and claim numbers if available). If you have the "Declarations Page" showing evidence of insurance covering the date of the accident, that is best. This page outlines the important information including policy number, amount of coverage, etc. If you don't have it, please call your insurance company and ask them to fax it to us.
- Insurance information of all other parties.** Including insurance name, policy numbers if known, claim number if known, adjuster, address, etc.
- Property damage estimates (if available).** Even if your car was a "total loss," it is often helpful to obtain a good property damage estimate that outlines all the parts of your car that were damaged. Frame damage and other significant entries on your property damage estimate can affect your case.
- Any and ALL doctors and facilities with whom you have treated.** Please provide all contact information (names, phone numbers, addresses, etc). Make sure that whenever you initially go to a doctor for treatment related to this accident, you **MUST** tell the doctor's office you are there because of the accident. If you don't mention the accident, some insurance adjusters will doubt whether the treatment was accident-related.
- Please let us know if you have ever been a Medicare recipient.** Also, please provide us with your health insurance information.
- Police report (if available).** If you have the police report number, we can order the police report for you. If you already have the police report, please provide a copy. If there was no police report prepared, please let us know that as well.
- Were there any witnesses?** If yes, we will need their contact information.

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