

# PERSONAL INJURY OR DISEASE COMPENSATION CLAIM (TU56)

**NORTH WEST AND  
IRISH REGION**

Complete this form to register a claim for GMB legal assistance regarding an accident to yourself in or out of work or to a member of your family outside work.

## SECTION 1 MEMBER'S DETAILS

Surname  First Name

GMB Membership No  Date of Birth

Home Address

Workplace  Tel/Mobile

Email  Gender: Male  Female

## SECTION 2 - CLAIMANT'S DETAILS IF DIFFERENT FROM MEMBER

Surname  First Name

Date of Birth  Relationship to member

Home Address

Workplace  Tel/Mobile

Email  Gender: Male  Female

## SECTION 3 - ACCIDENT OR DISEASE DETAILS

Date of accident  Place of accident

In this section please give brief details about how the accident happened and the injuries caused. In the case of industrial disease describe the illness and the working conditions that may have caused it.

**If you have had an accident that wasn't your fault in the last three years you can register a claim for compensation by completing this form and sending it to:  
GMB Columbus Quay Riverside Drive Liverpool L3 4GB**