# **PIP Claim Checklist**

#### **Personal Information**

- Full name
- Date of birth
- National Insurance number
- Address and postcode
- Phone number and email address
- GP (doctor) details
- Nationality and residency information

#### **Health Conditions**

- List of diagnosed conditions/disabilities
- Dates of diagnosis
- Treatments and medications

#### **Medical Evidence**

- GP letters
- Hospital reports
- Consultant letters
- Occupational therapy reports
- Care plans
- Prescription list

## **Daily Living and Mobility Details**

- How your condition affects everyday tasks (e.g., cooking, washing, dressing)
- How your condition affects getting around
- Examples of difficulties (real life examples)

#### **Supporting Information**

- Letters from carers, family, friends, or support workers
- Social services reports (if any)
- Physiotherapy or mental health reports (if any)

#### **Other Information**

- Bank details (for payment if successful)
- Previous benefit awards (if any)

## **Before Sending the Form**

- Copy of your filled form (keep a copy for yourself)
- Double-check all sections are filled

# **PIP Claim Checklist**

- Attach copies of evidence (not originals unless asked)
- Use recorded delivery when posting