## [Council Logo](http://staffintranet/)

*Cambridgeshire County Council  
Insurance Services  
in partnership with  
Milton Keynes Council*

## LIABILITY CLAIM FORM

# IMPORTANT INFORMATION

Please read the following information carefully as it contains important guidance relating to the details of your claims. You should show this notice to any other party related to this matter.

* Insurance Services will oversee the investigation and management of your claim on behalf of the Council, if you have any queries you should contact Insurance Services on the contact details provided at the back of this form
* Any queries regarding the maintenance of the highway should be directed to the Highways Department
* If you are under 18 years old, please have a parent / guardian complete and sign this form
* The issuing of this form does not constitute an admission of liability on behalf of the Council or imply that you will receive compensation for the losses incurred.
* Persons who make fraudulent claims are liable to prosecution. The Council will fully investigate any claim which it suspects may be in any way fraudulent.
* Please use capital letters and tick boxes where appropriate.
* This form is designed to cater for a wide variety of claim situations, please ensure you complete all sections of this form that are relevant to your claim and return to the address shown on the last page. Your claim will not be considered if the form is incomplete and will be returned to you.
* The Council reserves the right to insist on a joint inspection of the location or property subject of any claim with the claimant.

**DATA PROTECTION**

* The information on this form will be held and used by the Council in accordance with the provisions of the Data Protection Act for the purposes of administration of insurance claims. We will never sell or transfer your details to third parties for marketing purposes. However, we may share this information with other third party organisations in order to process this claim and for the purpose of prevention and detection of fraud.
* The Council is under a duty to protect the public funds it administers. We may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

**SECTION A – CLAIMANT DETAILS**

**1.1**

Mr Mrs Ms Miss Other

Surname Forename

**1.2**

Post Code:

Address

**1.3**

Telephone Number

Email

**1.4**

Please tick your preferred method of communication for us to correspond with you in respect of this claim:

Post (using the address above) Email (using the address above)

**1.5**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Date of Birth National Insurance Number

**1.6**

Are you registered for VAT? Yes No

If YES what percentage is recoverable?

%

**1.7**

**Occupation**

**SECTION B – INCIDENT DETAILS**

**2.1**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Date of incident Time

**2.2**

*Please provide sufficient details to identify precise location (e.g. detailed street map, road name, house number, photos of defect and immediate surrounding area.* ***If you are unable to provide location details we will be unable to investigate the claim and it will be returned.***

***The onus is on you to provide sufficient details in order for us to investigate your claim.***

Where did the incident occur?

**2.3**

Incident description

**2.4**

Please provide/attach a sketch/plan of the area **(A Google map marked with an ‘X’ indicating the exact site of the defect would be preferred)**

**2.5**

Was the incident reported to the Council? Yes No

If answered YES, please confirm the date when the incident was reported and to whom it was reported (if known) Date Whom

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**2.6**

Please confirm why you believe that the Council was to blame for the incident?

**2.7**

Were there any witnesses to the incident? Yes No

If YES please provide contact details

Name Name

Address Address

Postcode Postcode

**SECTION C – INJURY & MEDICAL DETAILS**

**3.1**

Please provide a brief description of the injuries sustained as a result of the incident

*For property only claims please complete Section D*

**3.2**

Have you had to take anytime off work as a result of the incident? Yes No

Are you still off work? Yes No

If NO, how many days in total were taken?

**3.3**

Have you sought any medical attention? Yes No

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

If YES, on what date was the medical attention received?

Was hospital attendance required as a result of the incident? Yes No

If YES, please confirm the name and address of the hospital or GP attended

If hospital attendance was sought, were you required to stay overnight? Yes No

**SECTION D – PROPERTY DAMAGE**

**4.1**

Were any individual items of property damaged as a result of this incident?

Yes No

**4.2**

If YES, please provide details of the damaged items ***(please use separate page if necessary)***

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Make | Age | Original Purchase Price |
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|  |  |  |  |

**4.3**

Have the items been retained? Yes No

*Receipts will be required for all items less than 18 months old. If you haven’t kept these you will be able to obtain copies from the relevant retailer*

***Please do not send in originals documents as these cannot be returned***

**4.4**

Please enter the total value of your claim for

£

Individual property losses

**4.5**

*Claims involving subsidence damage should also be notified to your building insurers*

***Please note, all claims involving structural damage to a building or wall will need to be supported with an engineering report.***

Does the damage relate to a building?

Yes No

**4.6**

If Yes, please provide details of the damaged caused below

**SECTION E – MOTOR VEHICLE DAMAGE**

**5.1**

Was any damage caused to your motor vehicle as a result of this incident?

Yes No

If answered YES, please confirm

**5.2**

Your registration Number

**5.3**

Make and Model of vehicle

**5.4**

Description of damage

**5.5**

Mileage at time of accident

**5.6**

Photos of damage available? Yes No

**5.7**

Copy of estimates / receipts attached? Yes No

**5.8**

Have you made a claim with your own Yes No

Motor insurers?

If YES please confirm insurers

Name and policy number

**SECTION F – STATEMENT OF TRUTH**

I declare that the information provided on this form is factual and a true reflection of the incident. I understand that if the information is falsified or incorrect this could result in my claim being refused.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**SECTION G – SUBMITTING YOUR CLAIM**

Please return your completed form together with additional documents (receipts, photographs etc) via email to: [**InsuranceClaims.NCC@westnorthants.gov.uk**](mailto:InsuranceClaims.NCC@westnorthants.gov.uk)

Alternatively you can post your form and supporting documents using the address below:

**Insurance Services**

**West Northamptonshire Council**

**Angel Street**

**Northampton**

**NN1 1ED**

**Useful Numbers**

**Insurance Services 01604 361682**