

Insurance Section

Huntingdonshire District Council
 Pathfinder House
 St Mary's Street
 Huntingdon
 Cambs
 PE29 3TN
 Tel: 01480 388388
 E-mail: insurance@huntingdonshire.gov.uk

INCIDENT REPORT FORM

QUESTIONNAIRE TO ASSIST IN THE CONSIDERATION OF ANY CLAIM FOR COMPENSATION

In order that your claim may be considered, please complete and send this form to the above address.

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS
THE ISSUE OF THIS FORM, BY HUNTINGDONSHIRE DISTRICT COUNCIL, DOES NOT IMPLY AN ADMISSION OF LIABILITY OR AN AGREEMENT TO PAY COMPENSATION

THE CLAIMANT
Name:
Address:
Tel No (Private):
Tel No (Mobile):
Date of Birth:
Occupation (if any):
e-mail address:
(Business):
National Insurance No:

THE INCIDENT
Date:
Time:
a.m./p.m.
Place (Location in relation to a fixed land mark, i.e. street lamp number or house number):

State fully how the injury/loss/damage occurred (additional space is provided on page 3; please provide a sketch plan on page 4).

Were there any witnesses to the incident? If so, please give their name(s), address and phone number if known.

Was the incident reported to the Police? If so, please give address of station and the name and number of the Police Officer:

Weather conditions at the time of the incident:

View next page for Additional Information.

ADDITIONAL INFORMATION

Signed:

Date:

SKETCH PLAN

Name:

PLEASE SHOW DIRECTION OF TRAVEL

Signed:

Date:

Details of claim – to avoid delays please could you ensure that all relevant sections are completed where applicable.

Section A - INJURY

Have you suffered any personal injuries: Yes No

If yes, please give full details of injury and treatment received if applicable)

If you attended a doctor or hospital for treatment, please give the name and address of the doctor or hospital, hospital number and sign the authority form on page 6.

Section B - EARNINGS

Have you suffered any loss of earnings Yes No (If yes, please give the following details **and** sign the authority on page 7 – **if you do not sign this then the authority cannot investigate your claim**).

Period of absence:

From: / /

To: / /

Name and address of employer:

Clock/Works No:

National Insurance No:

Were benefits claimed from Department for Works and Pensions for the period of sickness e.g. Incapacity Benefit? Yes No

If yes, please give the address of the from Department for Works and Pensions Office:

Section C – MOTOR VEHICLE

Was your vehicle damaged Yes No (if yes, please give details).

Make:

Model:

Year of Manufacture:

Registration No:

State the nature of the damage. (If your claim includes an amount for damage to a tyre(s) or exhaust, please state approximately how many miles the damaged tyre(s) or exhaust had covered at the time of the accident):

(If repair invoice or estimate is available, please include a copy)

Please indicate where the vehicle can be inspected or who can be contacted to arrange an inspection, should this prove to be necessary:

Are you the legal owner of the vehicle Yes No (If you are not the legal owner of the vehicle, please give the owner's name and address):

Who (if anybody) was driving the vehicle at the time of the incident?
Please give the name(s) and address (es) of any passengers in your car at the time of the accident and their relationship to you:
If any passenger(s) suffered injury, please give details:
Have you told the insurers of the vehicle about this incident? If so, please give their name, address and any reference or Policy numbers:
Is your vehicle insured: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Basis

Section D - BUILDINGS
Was your property damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address of Property:
Type of Property (e.g. flat, house, etc.):
Nature of damage (please also include details of any damage to the contents of the building):
When was the damaged first observed: Time: a.m./p.m. Date:
If you are not the owner of the property, please give the owner's name and address or landlord details: (If a repair estimate or invoice is available please attach a copy).
Have you told the insurers of the building about this matter? If so, give their name, address and any reference or Policy numbers:

Section E – OTHER EXPENSES

Have you suffered any other loss e.g. damaged clothing, prescription charges?

Yes No (If yes, please give details, Please attach a copy of any estimates / invoices where appropriate).

ITEM (S):	ORIGINAL COST:	APPROX AGE OF ITEM:	REPLACEMENT:

EARNINGS AUTHORITY

I hereby authorise my employer to release to Huntingdonshire District Council or their representative details of my earnings prior to and subsequent to an incident on/...../..... in respect of which I have made a claim against HDC

Signed:

Date:

MEDICAL REPORT AUTHORITY

I hereby authorise you to release to Huntingdonshire District Council or their representative details of all injuries, which I sustained, and treatment given to me as a result of an incident on/..../.... in respect of which incident, I have made a claim against Huntingdonshire District Council.

In addition, I authorise you to disclose my relevant previous general and medical history.

Signed:

Date:

Full Name:

Date of Birth:

By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief. I am aware that the local authority can check the information that I have given in this form with information that I have provided to other departments within the Council for the prevention and detection of fraud (the authority is able to share information with other departments in accordance with Section 29(3) of the Data Protection Act 1998). I know that I am liable to prosecution if I have provided the authority with information that I know to be false.

PLEASE SIGN AND DATE THIS FORM, TOGETHER WITH THE AUTHORITIES ABOVE IF APPLICABLE.

Signed:

Date:

PLEASE KEEP A COPY FOR YOUR OWN PERSONAL RECORDS

Huntingdonshire District Council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business.

Any information held by the council will be processed in compliance with the principles set out in the Act.

The council must protect the public funds it holds so the council may use any information you have provided on this form to prevent and detect fraud. The information may be shared, for the same purpose, with other organisations that handle public funds.

Further information about the council's approach to data protection, privacy and the fair processing of information it collects is available on its' website at

www.huntingdonshire.gov.uk