



For office use only
Claim Form
Reference:

The completion of this form will assist us to investigate the alleged incident and its use cannot be construed as an admission of liability on our behalf for any injury or property damage that has occurred. The information you submit should be based on fact and be as complete as possible including your signature and date on the final page.

The decision on your claim may be delayed if you (the Claimant) do not provide enough information for it to be considered properly and in these circumstances we will return the form to you for completion.

We will use the information you provide to consider your claim and this information will be shared with our Insurers. Information will be processed in accordance with the Data Protection Act 2018.

ANTI-FRAUD NOTICE - PLEASE READ

We have a responsibility to our Council Tax payers to ensure that all claims received are legitimate.

All legitimate claims are assessed individually and fairly and where we are to blame, compensated as quickly as possible.

We and our Insurers have an anti-fraud system in place to assist in detecting dishonest claimants and taking appropriate action.

The anti-fraud system gives us and our Insurers an opportunity to use and share with outside agencies and neighbouring authorities the information you have provided to detect fraud. This system complies with the requirements of the Data Protection Act 2018.

Form to be completed by Claimant in BLOCK CAPITALS

Details of Claimant

Full Name (inc. Title e.g. Mr /Mrs etc.):

Address:

.....

.....

..... Postcode:

Date of Birth:

National Insurance Number:

Employers Name and Address:

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Occupation:

Telephone Number: Work: Home:

E-mail Address:

Are you registered for VAT : YES / NO If YES please provide VAT registration number

Have you ever made a claim against Shropshire Council before: YES / NO If Yes, please give details:

Complete this part if you are completing this form on the Claimant's behalf

Full Name (inc. Title e.g. Mr /Mrs etc.):

Address:

.....

..... Postcode:

Relationship to Claimant:

Details of any witnesses to the incident

Full Name: Full Name:

Address: Address:

.....

.....

Postcode: Postcode:

Relationship to Claimant: Relationship to Claimant:

(Please use separate sheet for any additional witnesses)

Details of Incident

Date: Time:

Location: Give road name, village/town, OS Grid Reference if known and sufficient description to identify the site (e.g. land mark, house number, distance from junction etc):

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Please give as much information as you can about the following:

(a) Condition of highway surface (dry, wet, icy, etc)

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(b) What was the visibility like e.g. clear, foggy, raining, snowing etc)

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How did the incident occur: (Please use a separate sheet if required)

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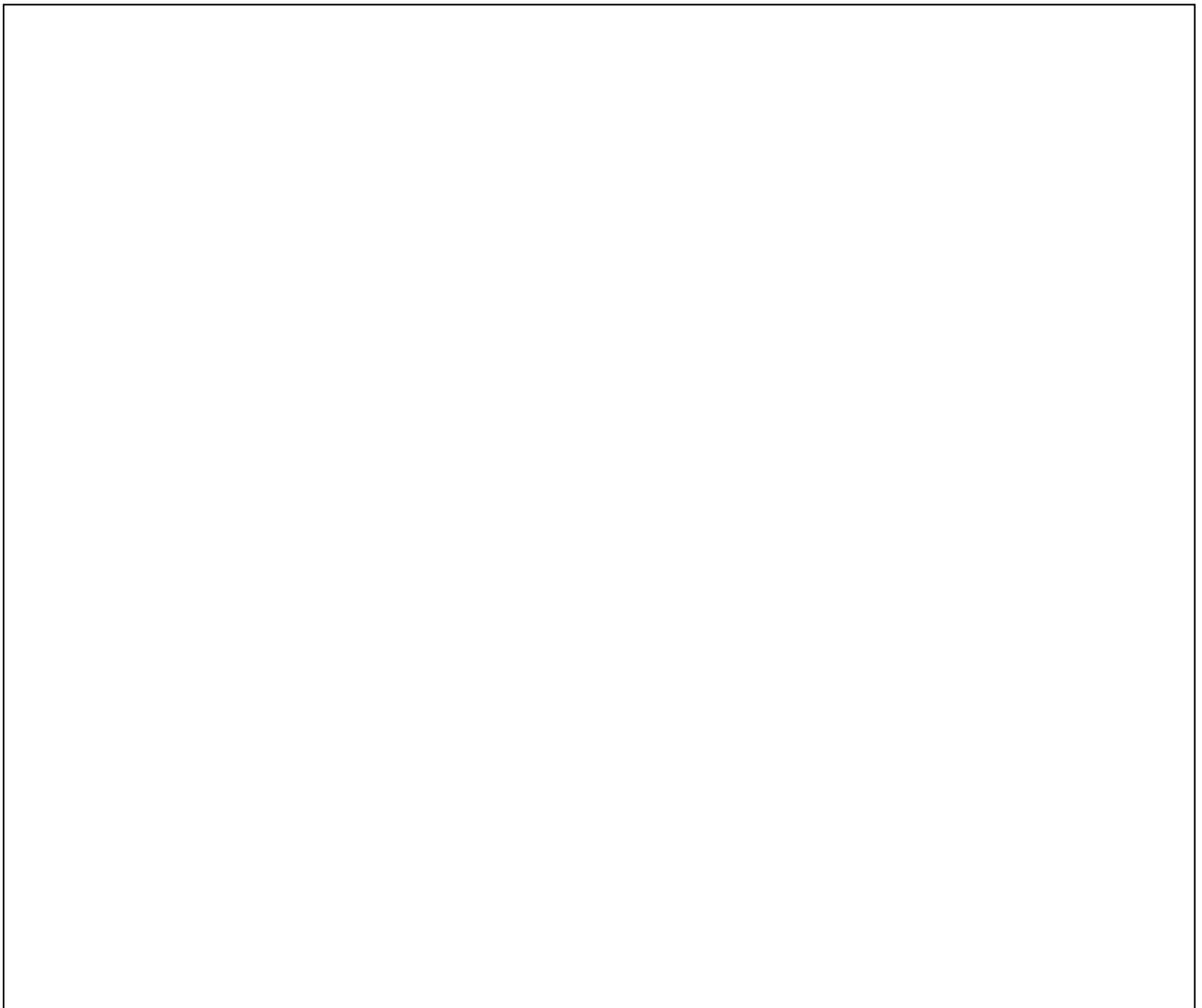
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Please provide measurements (and photographs if available) of any defect, together with confirmation of when they were taken and by whom:

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Please provide a plan or sketch map of the accident site (indicating direction of travel) and enclose photographs if available



Did you notify the police of the incident: YES / NO If so, to which station.....

Name and/or Number of Officer to whom reported:

Incident number: Date reported:

Details of when, how and to whom the incident was reported to Shropshire Council:

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Details of why you believe Shropshire Council is responsible:

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PLEASE COMPLETE THE RELEVANT SECTION(S)

Damage to Vehicles

Type of vehicle (e.g. car, lorry etc):

Make/Model:

Registration Number: Year: Colour:.....

Current market value of vehicle:

Details of Motor Insurer:

Insurance Certificate number:

Details of modifications made to vehicle:

Name and address of registered owner if different from claimant:

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.....

Details of damage to vehicle	Replacement/Repair Cost (£)	How old is this item

Please attach copies of invoices / receipts in support of your financial loss – original invoices / receipts should be retained by you but be available upon request

Damage to Property / Personal items

Description of property / items and/or situation:

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What item(s) have been damaged?	Replacement/Repair Cost (£)	How old is this item

Please attach copies of invoices / receipts in support of your financial loss – original invoices / receipts should be retained by you but be available upon request.

If relevant please give details of insurer i.e. house insurers:

.....

Personal Injury

Details of injury, please state left or right where appropriate:

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Hospital attended: YES / NO If Yes please state name, address and date attended:

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Doctors Surgery attended: YES / NO If Yes please state name, address and date attended:

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Please note that a Doctor's or Hospital report may be required.

Did your injury prevent you from attending your workplace: YES / NO If Yes, please give details of the period you were off work:

Please ensure that you have provided all the information relevant to your incident and read the notice below carefully before signing and returning this form.

Insurance fraud is a criminal offence.

The Claimant should sign below to declare that the information provided on this form is correct

Total amount of compensation claimed: £.....

Signed:

Date:

To return by post:
 Insurance Team
 Shropshire Council
 Shirehall
 Abbey Foregate
 Shrewsbury
 Shropshire
 SY2 6ND

To return by email:
 Insurance@shropshire.gov.uk