**INSURANCE CLAIM FORM**

Please return completed form to:

Torfaen County Borough Council, Resources Department, Insurance Section, Civic Centre, Pontypool, Torfaen. NP4 6YB
Email: insurance@torfaen.gov.uk

The information below is requested entirely without prejudice to the question of liability.

PLEASE WRITE CLEARLY, IN BLOCK CAPITALS AND ANSWER **ALL** APPLICABLE QUESTIONS. PLEASE ALSO PROVIDE PHOTOGRAPHS OF THE INCIDENT LOCATION, SHOWING USEFUL LANDMARKS TO HELP IDENTIFY THE AREA.

PLEASE NOTE: If detailed information is **NOT** provided this may cause delay in the investigation of the claim.

# CLAIMANT DETAILS

SURNAME: Click here to enter text.

FIRST NAME: Click here to enter text.

HOME ADDRESS: Click here to enter text.

POSTCODE: Click here to enter text. TELEPHONE NUMBER: Click here to enter text.

 IF **YOU WOULD LIKE US TO CORRESPOND WITH YOU VIA EMAIL, PLEASE PROVIDE AN E-MAIL ADDRESS:**

Click here to enter text. **(IF COMPLETING THIS ON BEHALF OF SOMEONE ELSE, PLEASE ENTER YOUR DETAILS BELOW)**

SURNAME: Click here to enter text. FIRST NAME: Click here to enter text.

HOME ADDRESS: Click here to enter text. POSTCODE: Click here to enter text.

TELEPHONE NUMBER: Click here to enter text.

YOUR RELATIONSHIP TO THEM: Click here to enter text.

**Please ensure all further information relates to this person.**

1. **INJURY DETAILS (COMPLETE IF PERSONAL INJURY WAS SUSTAINED)**

MAIDEN NAME: Click here to enter text. DATE OF BIRTH: Click here to enter text.

OCCUPATION: Click here to enter text. NATIONAL INSURANCE NUMBER: Click here to enter text.

NAME AND ADDRESS OF EMPLOYER: Click here to enter text.

WORKS / PAYROLL NO: Click here to enter text.

ABSENT FROM WORK? YES [ ]  NO [ ]  NUMBER OF DAYS ABSENT: Click here to enter text.

INJURIES SUSTAINED: Click here to enter text.

MEDICAL ATTENTION SOUGHT? YES [ ]  NO [ ]  DATE ATTENDED: Click here to enter text.

DETAILS OF GP SURGERY OR HOSPITAL ATTENDED: Click here to enter text.

# ABOUT THE INCIDENT

DATE OF INCIDENT: Click here to enter text. TIME: Click here to enter text.

EXACT LOCATION: E.G. NAME OF ROAD, BUILDING, NEARBY LANDMARKS ETC: Click here to enter text.

CONDITIONS AT TIME OF INCIDENT Dry [ ]  Wet [ ]  Daylight [ ]  Dark [ ]

PLEASE DESCRIBE HOW THE ALLEGED INJURY / DAMAGE OCCURRED AND THE CAUSE:

Click here to enter text.

PLEASE STATE WHY YOU CONSIDER THE COUNCIL TO BE RESPONSIBLE: Click here to enter text.

PLEASE PROVIDE A SKETCH PLAN OF THE INCIDENT LOCATION: (Below or attach separately)



# WITNESS DETAILS

NAME AND ADDRESS OF ANY WITNESSES: Click here to enter text.

DID ANY OF THE POLICE, FIRE OR AMBULANCE SERVICES ATTEND? IF SO, SUPPLY NAME AND IDENTITY NUMBER OF ATTENDING OFFICERS AND ADDRESS OF THEIR HOME STATION(S) AND ANY REFERENCE NUMBERS GIVEN: Click here to enter text.

# ABOUT THE DAMAGE / LOSS

DETAIL EACH ITEM DAMAGED (Including nature and extent of loss):

 Click here to enter text.

If appropriate, please provide date of purchase, price paid etc. together with receipts if available.

## (CONTINUE IF ANY VEHICLES WERE INVOLVED, OTHERWISE PROCEED TO SECTION F)

YOUR VEHICLE REGISTRATION NUMBER: Click here to enter text.

Please ensure you provide valid insurance details in section F.

TYPE OF VEHICLE (make / model): Click here to enter text.

REGISTRATION NUMBER OF COUNCIL VEHICLE (if appropriate): Click here to enter text.

DETAILS OF DAMAGE SUSTAINED: Click here to enter text.

HAVE REPAIRS BEEN CARRIED OUT? YES [ ]  NO [ ]

# ADDITIONAL INFORMATION

ANY INFORMATION YOU CONSIDER RELEVANT: Click here to enter text.

ARE YOU INSURED AGAINST THE DAMAGE / LOSS ALLEGED? YES [ ]  NO [ ]

**IF YES:** IT IS SUGGESTED THAT YOU REFER THE CLAIM TO YOUR INSURER FOR SETTLEMENT. PLEASE CONFIRM THE COMPANY NAME, ADDRESS, POLICY NUMBER AND CLAIMS REFERENCE:

 Click here to enter text.

**IMPORTANT INFORMATION**

DURING THE PROCESSING OF THIS CLAIM, THE INFORMATION PROVIDED ABOVE MAY BE SUPPLIED TO INSURERS, CLAIMS HANDLERS AND SOLICITORS WHO MAY BE APPOINTED IN ORDER THAT THE CLAIM CAN BE DEALT WITH IN ACCORDANCE WITH CURRENT CIVIL LITIGATION PROCEDURES.

THE AUTHORITY IS UNDER A DUTY TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS AND TO THIS END MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING OR ADMINISTERING PUBLIC FUNDS FOR THESE PURPOSES. FOR FURTHER INFORMATION SEE:

[**http://www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/National-Fraud-Initiative/National-Fraud-Initiative.aspx**](http://www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/National-Fraud-Initiative/National-Fraud-Initiative.aspx)

## CLAIMANTS WHO ARE FOUND TO PROVIDE FALSE INFORMATION OR PURSUE FRAUDULENT CLAIMS MAY BE LIABLE TO PROSECUTION.

1. **DECLARATION**

I CERTIFY THAT I HAVE READ AND UNDERSTAND SECTION G.

I ALSO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE:

SIGNED: Click here to enter text.

DATE Click here to enter text.

# Mae’r ddogfen hon ar gael yn Gymraeg

# THIS DOCUMENT IS AVAILABLE IN WELSH