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.

- LGSS will oversee the investigation and management of your claim on behalf of the Council, if you have any queries you should contact LGSS Insurance 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

Address [ ]

Post Code: [ ]

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 [ ]

April 2016
SECTION B – INCIDENT DETAILS

2.1
Date of incident  ____/____/____  Time

2.2
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)*

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.*
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

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<td>Address</td>
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<td>Postcode</td>
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SECTION C – INJURY & MEDICAL DETAILS

3.1
Please provide a brief description of the injuries sustained as a result of the incident

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)*

<table>
<thead>
<tr>
<th>Items</th>
<th>Make</th>
<th>Age</th>
<th>Original Purchase Price</th>
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</table>

4.3
Have the items been retained? Yes [ ]  No [ ]

4.4
Please enter the total value of your claim for individual property losses £

*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*
4.5
Does the damage relate to a building?
Yes ☐ No ☐

4.6
If Yes, please provide details of the damaged caused below

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.
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 motor insurers?
Yes □ No □
If YES please confirm insurers name and policy number

April 2016
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@northamptonshire.gov.uk

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

LGSS Insurance Department
Northamptonshire County Council
John Dryden House
8-10 The Lakes
Northampton
NN4 7YD

Telephone 01604 368666 or 01604 367591