

Warwickshire County Council

HIGHWAYS

CLAIM FORM

IMPORTANT INFORMATION

Please take a few minutes to read the following carefully as it contains important information relating to your claim.

- Please read the leaflet accompanying this form before completing it.
- If the claimant is under 18 years of age (a minor), a parent /guardian will need to complete and sign the form.
- The issuing of this form does not constitute any admission of liability on behalf of Warwickshire County Council or mean you will receive any compensation.
- Persons who make fraudulent claims are liable to prosecution and any suspected fraud will be fully investigated.
- Please complete all sections of the form relating to general information and the incident. You should then complete the relevant section relating to either personal injury, damage to your vehicle or property damage, depending on what you are claiming for.
- Please complete the form in block capitals and provide as much information as possible.
- You must provide full documentation in support of your claim and it is expected that you will be able to prove your damage, loss or injury.

PLEASE ALSO NOTE

In common with most authorities, we are under a duty to protect public funds. We may use any of the information you provide to us in the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

In relation to The General Data Protection Regulation (GDPR) and your personal data, please visit our website: www.warwickshire.gov.uk/privacy

CLAIMANT

Title Mr / Mrs / Miss / Ms / Other

Surname

Forenames

Address

.....

Post Code

Email

Telephone numbers :

WorkHome

Mobile.....

Are you VAT registered? Yes / No If yes please state VAT No :

.....

DETAILS OF CLAIMANT'S REPRESENTATIVE (if applicable)

(eg solicitor,)

Name

Address

.....

Post Code

Email

Telephone number

Reference

PARTICULARS OF YOUR INCIDENT

Date Time(am/pm)

Location - road name & / or number

Town

Identifying markers (eg house number, street light number, pub, shop etc)

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Description of incident

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You must provide an accurate incident location. Please provide either a marked Google map or sketch plan and dated photographs of the location

Sketch below:

Please include position of the defect (eg. trip, pothole) and your direction of travel

If your claim is for personal injury you will also be required to attend a site meeting to confirm the defect which caused your accident.

CAUSE

What do you believe was the cause of your incident ?

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If the cause of your incident was a defect please confirm the size and provide measurements. **You must also provide photographs of the defect.**

Size: LengthWidthDepth.....

ADDITIONAL INCIDENT INFORMATION

Has the defect been previously reported to us? If so please confirm:

Date reported Reference

Was the accident reported to the Police? If so please confirm:

Police reference number

Were there any road works present ? If so please confirm details of the contractor:

Contractor name

Contractor address

.....

WEATHER CONDITIONS

Please confirm the weather conditions at the time of the incident

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.....

WITNESS DETAILS

Were there any witnesses to the incident ? Yes / No

Are the witness(s) known to you? Yes / No

Please provide details of all witnesses :

Name

Address

.....

Telephone numbers /email

Name

Address

.....

Telephone numbers / email

TYPE OF CLAIM

Please tick type of claim and then complete the appropriate section (s) **only**.

Personal injury

Damage to other property

Damage to vehicle

PERSONAL INJURY CLAIM

Provide a detailed description of your injury and attach any photographs if available.

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What treatment have you received for your injury? Eg medication/physiotherapy

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Did an ambulance attend ? Yes / No

Did you attend your GP or a hospital Yes / No

Please state details of all services attended : GP /Hospitals /Physiotherapists etc

GP name & address

Hospital name & address

Physiotherapist name & address.....

Please Note: All personal injury claims must be notified to the Department for Work & Pensions – Compensation Recovery Unit. You must supply the following information so we can register your claim.

Date of birth

National insurance number

Employer name

Employer address

.....

Post Code

Employee number

Have you sustained a loss of wages ? Yes / No

If yes please state your average weekly or monthly salary and the number of weeks and/or months of loss **AND** attach documentary evidence from your employers.

Average weekly / monthly salary

Number of weeks lost or months

Have you suffered any other losses you wish to include in your claim? If so please detail these below and confirm replacement costs. You must provide receipts or invoices to support these losses.

Description Item	Date Purchased	Description Damage (if applicable)	Cost of repair/replacement

DAMAGE TO VEHICLE

Please describe all damage sustained. **You must attach photographs of the damage**

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Vehicle registration number

Vehicle make & model

Have you made a claim against your own motor insurance ? Yes / No

If yes please provide details of your motor insurance company:

Name & address

Policy NoClaim no.....

Have the repairs been carried out Yes / No If yes, please attach copies of the estimate and invoice.

If repairs have not been carried out we need 2 estimates for repair. We may also require your vehicle to be inspected by an independent motor engineer and by signing the declaration at the end of this form you are agreeing to this.

Are you the registered owner of the vehicle ? Yes / No

If not please confirm the owner's name and address

You must also attach copies of the following for us to consider your claim:

- V5 (Vehicle Registration Document)**
- MOT certificate (if applicable)**
- Insurance Certificate**
- Photographs of all damage to the vehicle that you are claiming for**

DAMAGE TO OTHER PROPERTY

Please state damage to other property here and attach photographs of all damage

Description Item	Date Purchased	Description Damage	Cost of repair/replacement

Please provide 2 estimates for repair / replacement or if already complete provide the estimate and invoice.

Has the damaged property been retained? Yes / No.

Is the damaged property available for inspection? Yes / No

Have you made a claim against your own insurance company? Yes / No

If yes please provide details of your insurance company:

Name & address

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Policy NoClaim no.....

DECLARATION

I declare that these particular are true to the best of my knowledge and belief.

I confirm that I have read and understood the data protection and anti-fraud statement at the beginning of the form.

Signature of claimant

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Date

PLEASE NOTE failure to provide ALL requested information and documents will delay our investigation of your claim.

Therefore check you have completed all relevant sections of the claim form and attached all documents, including a marked map, photographs, estimates, invoices and all vehicle documents.

Please return the form and documents by post to:-

**Warwickshire County Council
Legal Services
Claims Team
PO Box 9
Shire Hall
Warwick
CV34 4RL**

Alternatively you can email them to us at:

claimsteam@warwickshire.gov.uk