

## HIGHWAYS CLAIM FORM

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.

For further information on The General Data Protection Regulation (GDPR) and how we handle your personal data, please visit our website: [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

### 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 or 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.

### Claimant:

Title (Mr, Mrs, Miss, Ms, Other)	
Forename	
Surname	
Address	
Contact Email	
Contact Home Telephone	
Contact Mobile Telephone	
Contact Work Telephone	
Are you VAT registered?	Yes / No
If yes, please state VAT no.	

<b>Claimant Representative: (if applicable)</b>	
Name	
Address	
Postcode	
Contact Email	
Contact Telephone	
Reference	

<b>Particulars of Incident:</b>	
Date	
Time	
Location (road name and/or number)	
Town	
Identifying Markers (e.g. house no., street light no., pub, shop etc.)	
Description of Incident	

**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 (e.g. trip, pothole) and your direction of travel

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**Cause:**

What do you believe was the cause of your incident ?

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:

Size:

Width:

Depth:

**Please note, 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**

**Additional Incident Information:**

Has the defect been previously reported to us?

Yes / No

If yes, please confirm

Date Reported:

Reference:

Was the incident reported to the Police?

Yes / No

If yes, please confirm police reference number

Were there any streetworks or roadworks present?		Yes / No	
If yes, please confirm	Contractor name:	Contractor Address:	
Please confirm the weather conditions at the time of the incident			

<b>Witness Details:</b>			
Were there any witnesses to the incident?		Yes / No	
Are the witness(s) known to you?		Yes / No	
Please provide details of all witnesses:			
<b>Witness 1</b>			
Name & Address			
Telephone Number / Email			
<b>Witness 2</b>			
Name & Address			
Telephone Number / Email			

<b>Type of Claim:</b>			
Please tick type of claim and then complete the appropriate section(s) only.			
Type of Claim	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Damage to vehicle	<input type="checkbox"/> Damage to other property

Personal Injury Claim:	
Provide a detailed description of your injury and attach any photographs if available.	
What treatment have you received for your injury? (e.g. medication / physiotherapy)	
Did an ambulance attend?	Yes / No
Did you attend your GP or a hospital?	Yes / No
Please state details of all services attended	
GP Name & Address	
Hospital Name & Address	
Physiotherapist Name & Address	
<b>PLEASE NOTE, all personal injury claims must be notified to the Department for Work &amp; Pensions – Compensation Recovery Unit. You must supply the following information so we can register your claim.</b>	
Date of Birth	
National Insurance Number	
Employer Name & Address	
Employer Telephone 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 / months lost	
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. <b>(You must attach photographs of the damage)</b>	
Vehicle Registration Number	
Vehicle Make and 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 Number	
Claim Number	
<b>If repairs have not been carried out we need TWO 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.</b>	
Are you the registered owner of the vehicle?	Yes / No
If no, please confirm the owner's name and address	
<b>You must also attach copies of the following for us to consider your claim</b>	
<input type="checkbox"/> <b>V5 (Vehicle Registration Document)</b> <input type="checkbox"/> <b>MOT certificate (if applicable)</b> <input type="checkbox"/> <b>Insurance Certificate</b> <input type="checkbox"/> <b>Photographs of all damage to the vehicle that you are claiming for</b>	

<b>Damage to Other Property:</b>			
Please state damage to other property here and attach photographs of all damage			
Description Item	Date Purchased	Description Damage (if applicable)	Cost of repair / replacement
<b>Please provide TWO estimates for repair / replacement or if already complete provide the estimate and invoice.</b>			
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 motor insurance?	Yes / No		
If yes, please provide details of your insurance company			
Name & Address			
Policy Number			
Claim Number			

**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.

Name	Signed	Date
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**PLEASE NOTE** failure to provide ALL requested information and documents will delay our investigation of your claim. Please ensure 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 complete and return your application to**

Warwickshire County Council  
 Legal Services - Claims Team  
 Shire Hall Post Room  
 Rear of Shire Hall  
 Northgate Street  
 Warwick  
 CV34 4RL

claimsteam@warwickshire.gov.uk