

South Derbyshire District Council

Third Party Claims Form

This form is to assist South Derbyshire District Council to investigate the incident and cannot be construed as an admission of liability on behalf of the Council for any injury or property damage that has occurred.

The information should be based on fact and be as complete as possible.

The processing on your claim may be delayed if all questions have not been answered fully.

Form to be completed by Claimant in Block Capitals

Details of Claimant

Full Name:

Address:

.....

..... Postcode:

Tel. No. Work:.....Home:

Mobile:

E-mail Address:

If someone other than the claimant is completing this form, please state name, address and relationship to claimant.

Full Name:

Address:

.....

Postcode: Relationship:

Please Complete the Relevant Section(s)

Damage to Vehicles

Type of vehicle:.....Make/Model:.....

Registration No. Year: Colour:

Current market value of vehicle:

Details of Motor Insurer:

.....

Name and address of registered owner if different from claimant:

.....

.....

| Details of Damage to Vehicle | Replacement Cost (£) |
|--|----------------------|
| | |

You must enclose copies of two independent estimates unless work was required immediately in which case please provide copy/copies of invoice(s) for the works carried out.

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. landmark, 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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This image shows a full page of primary-ruled paper. It features 20 evenly spaced horizontal dashed lines across the entire page, providing a guide for handwriting practice. The lines are black and extend from the left margin to the right edge of the paper. There are no other markings, text, or illustrations present.

Name: Name:

.....

.....

Relationship to you:

Please provide a plan or sketch map of the accident site (indicating direction of travel) and enclose photographic evidence of incident 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 if/ when and to whom the incident was reported to South Derbyshire District Council
.....
.....

Details of why you believe South Derbyshire District Council is responsible:
.....

Personal Injury

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

.....

.....

Hospital attended: Yes/No

If Yes, please state name, address and date attended:

.....

Attended Doctor's Surgery: Yes/No

If yes, please state name, address and date attended:

.....

Did your injury prevent you from attending your workplace: Yes/No

If Yes, please give details of the time you were incapacitated

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.....

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. landmark, 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)

.....

.....

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

.....

.....

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Witness to the incident:

Name: Name:

Address: Address:

.....

.....

Tel No: Tel No:

Relationship to you:

(Please use separate sheet for any additional witnesses)

Details of if/when and to whom the incident was reported to South Derbyshire District Council

.....

.....

Details of why you believe South Derbyshire District Council is responsible:

.....

Damage to Property/Personal items

Description of property/items and/or situation: Please explain how the item came to be damaged.....

[illegible]

Please attach estimates/receipts in support of your financial loss and enclose photographic evidence of damage if available.

| What Item(s) have been Damaged? | Replacement Cost (£) |
|---------------------------------|----------------------|
| | |

Witness to the incident:

Name : Name:

Address: Address:

.....

.....

Tel No: Tel No:

Relationship to you:

(Please use separate sheet for any additional witnesses)

Details of when and to whom the incident was reported to South Derbyshire District Council

.....

.....

Details of why you believe South Derbyshire District Council is responsible:

.....

Please read the notice below very carefully before signing and returning this form.

Anti-Fraud Notice – Please Read

South Derbyshire District Council has a responsibility to its council tax payers to ensure that all claims received are legitimate.

All legitimate claims are assessed individually and fairly and, only where the Council is to blame, will compensation be paid.

The council and its insurers have an anti-fraud system in place to assist them in detecting dishonest claimants and taking appropriate action.

This 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, please see the Audit Commission web site

www.audit-commission.gov.uk/nfi

Insurance Fraud is a Criminal Offence

Please sign below to declare that the information you have provided on this form is correct.

Signed: **Date:**

Please return this form to: **South Derbyshire District Council, Insurance Section, Civic Offices, Civic Way, Swadlincote, Derbyshire, DE11 0AH**

Privacy Notice

How is your information used?

We collect information to process your claim for compensation. We may also use your contact details in the event that we need to contact you in relation to your claim.

Who has access to your information?

Information is shared with but not limited to, Insurance Companies; Solicitors; Claims and Underwriting Exchange; Motor Insurers Anti-Fraud and Theft Register; other Council services; Councillors; the Police; and other local authorities when allowed to by law for the purposes of the administration of your claim for compensation, and for the purposes of the prevention and detection of crime, and prevention of fraud.

For further information about how your personal information will be used, please visit www.south-derbys.gov.uk where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from insurance@southderbyshire.gov.uk