

**Insurance Incident Report Form**

**Please note**, **completion of this form should not be construed as an admission of liability on the part of the council, or that you will automatically receive compensation. All information is requested in order to comply with the protocols laid down in the Civil Justice Reforms 1999 (Woolf Reforms).**

**Claimant’s details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | | |
| Name: Mr/Mrs/Ms/Miss/Other | |
|  |  | | | |
| Address: |
|  |  | | | |
|  |
|  |  | |  |  |
| Telephone No: | Date of Birth: |
|  |  | |  |  |
| NI No: | Occupation: |
|  |  | |  |  |
| Email Address: |  | |  |  |

***We are required under the Local Audit and Accountability Act 2014 (Schedule 9) to participate in the National Fraud Initiative data matching exercise. The data held by the London Borough of Newham will be used for cross-system and cross authority comparison for the prevention of fraud***

**Particulars of Incident**

**When did the incident occur?**

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |

**Details of Incident**

*Please describe what occurred, remembering to state why you believe the London Borough of Newham to be at fault*

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**Location of incident/damage**

*Please describe precisely where the incident occurred (i.e. full post code or the house number next to the location) or confirm where the cause of the incident stemmed from*

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| --- | --- |
|  | |
|  | |
| If the problem stems from another property, |  |
| please confirm the other property’s address |
|  | |

**Please provide, in the space below, a sketch plan of the location of the incident (if relevant or appropriate)**

*Please remember to include relevant street names, house numbers & any distinguishing features. Also, please indicate the direction you were proceeding at the time and mark with an X the site of the incident.*

*If you have taken or will take photographs of the incident location, please attach them to this form. Please note, at least one photograph should show the incident location in it’s surrounding area. Only providing close ups of the incident location is not particularly helpful and may delay the processing of your claim as further investigation may be required.*

|  |  |  |  |
| --- | --- | --- | --- |
| Were you previously aware of the alleged defect/problem? |  | Yes/No\* | \*Please delete as applicable |
| If yes, did you inform the council? |  | Yes/No\* | \*Please delete as applicable |
| If so, on what date(s) was this reported? |  |  |  |
| On what date(s) were repairs undertaken? (if known) |  |  |  |

**Details of Injury Sustained/Damage or Loss Suffered**

*This would be details of any injury sustained in the incident and/or details of anything damaged as a direct result of the incident*

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**Contractors**

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| If the incident occurred because of work being carried out by a contractor, please give the name of the | |
| contractor (if known) |  |

**Witnesses**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Were there any witnesses to this incident? | | | | | | | | Yes/No\* | | | | | \*please delete as applicable |
|  | | |  |  |  |  | | | | |  |  | |
| If yes, please supply their details below: | | | | |  |  | | | |  | |  | |
|  |  |  | | |  |  |  | |  | | | | |
| 1. | Name: |  | 2. | Name: | |
|  | Address: |  | | |  |  | Address: | |  | | | | |
|  |  | | | |  |  |  | | | | | | |
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**Insurance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have any separate insurances (Buildings, Contents or Vehicle) which would cover this claim? | | | | | |
|  |  |  |  |  | |
| Buildings Insurance | Yes/No\* | \*please delete as applicable | Insurer: |  | |
| Contents Insurance | Yes/No\* | \*please delete as applicable | Insurer: |  | |
| Motor Vehicle Insurance | Yes/No\* | \*please delete as applicable | Insurer: |  | |
|  |  |  |  |  | |
| If yes, have you made a claim to the relevant insurer? | | | Yes/No\* | | \*please delete as applicable |

**Declaration**

I understand that if I give information that is incorrect or is incomplete, action may be taken against me and this may include prosecution. The information I provided may be checked with other sources, the information may be used for purposes relating to the work of London Borough of Newham and may be given to other bodies as permitted by law. I declare that the information given on this form is correct and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your signature: |  |  | Date: |  |

Data protection act 1988

The information you have provided to the London Borough of Newham will be used to enable the council to process your claims. We may share your information with our legal representatives, contractors or outside bodies who may be involved with the defence of the claim. You have a right to ask for a copy of the information about you held by us in our records. You must make this request in writing to the Insurance section

Please return the completed form to insurance@newham.gov.uk

|  |  |
| --- | --- |
| If you  If you do not have access to an email account, you may return the completed form to: | Insurance Section  Newham Dockside  1000 Dockside Road  London E16 2QU |

Please use this space for any further information you believe may be useful, or to continue any sections that you did not have enough space on the form for.

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