



DETAIL OF ACCIDENT FORM

Version June 2018

Claim Ref: _____

If you wish to claim for an incident which has caused loss or damage to property, and/or personal injury, you should complete and return this form.

ISSUE AND COMPLETION OF THIS FORM SHOULD NOT BE CONSTRUED AS AN ADMISSION OF LIABILITY ON THE PART OF BRENT COUNCIL AND DOES NOT MEAN 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). Please use **BLOCK CAPITALS** and complete all sections. Incomplete forms will delay the processing of your claim.

SECTION 1 – PERSONAL INFORMATION

Title: Mr / Mrs / Miss / Ms / Dr (please circle) Other: _____

Surname: _____ Forename: _____

Address: _____

Postcode: _____ Email: _____

Daytime Contact Telephone Number: _____

Details of your date of birth and National Insurance number must be provided if you have suffered any injury.

Date of birth: ____/____/____ Are you a council tenant? Yes / No
(Please delete as appropriate)

National Insurance Number

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Brent Council 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 law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

For further information, see Brent Council's privacy statement <http://www.brent.gov.uk/privacy> or contact Raj Seedher on 020 8937 1402

SECTION 2 – PARTICULARS OF INCIDENT

Date of incident: ____/____/____ Time of incident: _____ am / pm

Exact location of incident:
Please be as detailed and precise as you can; include any relevant road or street names, shop or house numbers, and any landmarks or features. (e.g. "Willesden High Road opposite Sainsbury's" "Outside No 23" "Harrow Road junction with Harlesden High Street")

Please provide full details of the incident: (continue overleaf if necessary)

Please provide a sketch plan of the incident:

Why do you believe Brent Council is at fault?

Were you previously aware of the alleged defect?	Yes / No	(Delete as appropriate)
If yes , did you inform the Council?	Yes / No	(Delete as appropriate)

On what date(s) was the defect reported? _____

On what date(s) were repairs undertaken? _____

Have you enclosed any photographs of the alleged defect?	Yes / No	(Delete as appropriate)
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Measurement of defect: _____ How was defect measured? _____

SECTION 3 – DETAILS OF ANY INJURY

Please describe any personal injury that you have sustained: *(continue overleaf if necessary)*

SECTION 4 – DETAILS OF ANY DAMAGE/LOSS TO PROPERTY/VEHICLE

If driving, what speed you were travelling at when the incident occurred? _____mph

Vehicle Registration No: _____ Make / Model: _____

Are you the registered owner? Yes / No (Delete as appropriate)

Please detail the items and amounts that you are claiming for, please also indicate when items you are claiming for were purchased.

WHERE POSSIBLE, PLEASE ENCLOSE RECEIPTS.
WE MAY REQUIRE DAMAGED ITEMS TO BE BROUGHT TO THE OFFICE IF YOUR CLAIM IS SUCCESSFUL.

SECTION 5 – WEATHER CONDITIONS

VISIBILITY:

Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Daylight (Good)	<input type="checkbox"/>	Daylight (Poor)	<input type="checkbox"/>
Lamp posts lit	<input type="checkbox"/>	Lamp posts unlit	<input type="checkbox"/>

ROAD/FOOTPATH CONDITIONS:

Dry	<input type="checkbox"/>	Snow	<input type="checkbox"/>
Wet	<input type="checkbox"/>	Ice	<input type="checkbox"/>
Fog	<input type="checkbox"/>		

SECTION 6 – CONTRACTORS

If the incident occurred because of work carried out by a contractor, please provide the name of the contractor if known:

SECTION 7 – WITNESSES

Were there any witnesses to the incident? Yes / No (Delete as appropriate)
If yes, please supply their details as we may need to approach them for a statement.

Witness 1

Witness 2

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

SECTION 8 – INSURANCE

Do you have separate house contents insurance or vehicle insurance which would cover this claim? Yes / No (Delete as appropriate)

If yes, have you made a claim to your insurers? Yes / No (Delete as appropriate)

Name of Insurer: _____

Policy Number: _____

SECTION 9 – ANY OTHER RELEVANT COMMENTS YOU WISH TO MAKE (continue on additional sheets if necessary)

SECTION 10 – DECLARATION

PERSONS WHO MAKE FRAUDULENT CLAIMS ARE LIABLE TO PROSECUTION UNDER THE FRAUD ACT 2006

“The details that I have supplied are honest, truthful, and accurate to the best of my knowledge and belief; they will be relied upon in support of my claim.”

Signed: _____

Date: ____ / ____ / ____

Data Protection Act 2018 / GDPR

The information you have provided to Brent Council will be used to enable the council to process your claim. You can raise your concern with the council's Data Protection Officer via dpo@brent.gov.uk, or 0208 937 1402. The information will be shared with external claims handlers and solicitors. The information shall be retained for 6 years and shall be processed in adherence to your legal rights under the Data Protection Act 2018 and the GDPR, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. If you are dissatisfied with the processing of your information, you can raise your concern with the council's Data Protection Officer. You have a right to lodge a complaint with the Information Commissioner's Office (www.ico.org.uk). Further information can be found at www.brent.gov.uk/privacy

Please return this completed form to:

Insurance Section
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ
insurance@brent.gov.uk