



LIABILITY INCIDENT REPORT FORM

GUIDANCE NOTES

Please ensure that you read and fully understand these guidance notes prior to completing your claim form.

Can I make a claim?

In order to make a claim, you will need to be able to prove that the Council has been LEGALLY at fault. There is no automatic right to compensation and even though there has been an incident this does not necessarily mean that the Council are to blame.

What YOU will need to provide in order to make a claim

YOU are legally required to prove your loss, and you have a legal duty to keep your losses to a minimum (mitigate your losses). The following information MUST be provided:

1. Clear and detailed facts of the case, including the time and date of the incident and the exact location where the incident occurred.
2. Details of your injury/injuries and/or details of any property damage with photographs of same
3. Full details of any financial loss suffered, including original receipts (if available) and estimates for the repair/replacement of any property damaged. ***(Please note there is no new for old settlement on a liability claim. Settlement will take into condition the age, condition and wear and tear of the original item, as well as how much you originally paid for it).***
4. Full details of the accident location, including a plan of the incident location together with photographs identifying not only the alleged defect itself, but a general view of the area including the defect. If on the highway, please provide the number of the nearest lighting column. Please provide a map of the incident location if possible showing the actual location the incident occurred at.

WITHOUT THIS INFORMATION YOUR CLAIM CAN NOT BE PROCESSED

What happens once I have submitted my claim?

The Insurance & Risk department will acknowledge your claim within 24 working hours of receipt, and your claim may be sent to the Council's external claims handlers, insurers or solicitors, details of whom will be advised in our acknowledgment letter. Our claims handlers will acknowledge receipt of the claim within 5 working days.

The Insurance & Risk department will investigate your allegations and will report to the claims handlers, insurers, solicitors or will report back to you directly with their findings. The law allows up to 3 months to investigate a personal injury claim, and whilst there is no limit on property claims, we will endeavour to provide a decision on liability within 3 months.

The Outcome

Once all evidence has been collated and assessed, we or our claims handlers are then in a position to make a decision based on the legal liability of the Council.

If it is decided there is no legal liability, and your claim is declined you will receive a letter explaining why.

If legal liability is accepted then the claims handlers will make a written offer of compensation to you, which will accurately reflect and appropriate level of compensation in the circumstances and which may included a deduction for betterment, age, wear & tear and contributory negligence.

Fraud

We take the issue of fraudulent claims very seriously, and should we find that any claim has been fraudulently intimated or exaggerated in any way during the processing of the claim or afterwards, the papers may be passed to the Police and/or Crown Prosecution Service for a criminal prosecution to be brought.

Important Notices

Privacy Notice

Any data provided will be processed in accordance with data protection and privacy laws, and in supplying this data you consent to the Council processing it for the purpose of investigating your insurance claim and to prevent fraud. All personal information will be treated in strict confidence and will only be used by the Council or disclosed to others lawfully, fairly and transparently.

As a public body, the Council has a duty to protect public funds, and in view of this we may use the information you have provided on this form, and throughout the claim for the prevention and detection of fraud. For example, we may share your data with other departments within the council in an attempt to prevent benefit or council tax fraud, or we may share this claim information with other public bodies, for example other Councils, the Police or HMRC.

Data Protection

Any data provided will be processed in accordance with the Data Protection Act and General Data Protection Regulation requirements and in supplying this data you consent to the Council processing it for the purpose which it is supplied. All personal information will be treated in strict confidence and will only be used by the Council or disclosed to others for a lawful purpose

Insurance Fraud and Data Protection

Insurance Companies maintain a number of anti-fraud and theft registers to help them verify information and prevent fraudulent claims. The Council, its insurers, solicitors or claims handlers may search these registers as part of their investigations, and will also pass on information relating to this incident to the appropriate registers for the future reference of other parties to prevent fraud.

Full details of our Privacy Notices can be found at:

<http://www.caerphilly.gov.uk/My-Council/Data-protection-and-freedom-of-information/Privacy-notices>

You are entitled to seek independent legal advice at any stage during the processing of your claim

Please retain these guidance notes for future reference

This form is also available in Welsh.

LINRF-SAR/11/17



LIABILITY INCIDENT REPORT FORM

For a claim to be successful, you must prove that the injury/damage was caused by the fault of the Council. Please refer to the guidance notes at the beginning of this form. When complete, please return this form with full evidence and photographs to The Insurance & Risk Department, Caerphilly County Borough Council, Penallta House, Tredomen Park, Ystrad Mynach, Hengoed CF82 7PG.

CLAIMANT DETAILS	
Full Name: _____ (Mr/Mrs/Miss)	Date of Birth: _____
Address: _____	National Insurance No: _____
	Occupation: _____
	Employers Details: _____
Postcode: _____	
Tel No: _____	

THE INCIDENT	
Type of Incident (Please circle) :	Personal Injury
	Property Damage
	Vehicle Damage
Date of Incident : _____	Time : _____
Exact Location :	
Nearest Property/Junction/Street Lighting No:	
Weather Conditions (please circle) :	Dry Wet Snow Ice Rain
	Daylight Dusk Night
	Clear Sunny Misty Fog
Explain FULLY how Damage/Loss/Injury occurred:	
Sketch Plan of Incident (if applicable):	

LIABILITY	
Give reasons why you consider this Council responsible:	
Are you aware of this defect being reported to the Council previously?	Yes / No
If yes, when and to whom was it reported?	
Has the defect already been repaired?	Yes / No
Was any damage to your home or property caused by a contractor to the Council?	Yes / No
If yes, please provide contractors details:	

Please note that any claims where a contractor to the council was involved will be passed to the contractor to deal with your claim direct with yourself. Please tick this box to confirm you are happy for your claim details to be passed to the contractor.

WITNESS DETAILS
Witness 1:
Witness 2:
Witness 3:

PERSONAL INJURY	
Please describe the injuries suffered in the incident:	
Have you consulted your GP?	Yes / No
Name of Doctor Address: Postcode:	
Did you attend hospital after the incident?	Yes / No
Were you taken to hospital by Ambulance?	Yes / No
Name of Hospital Address:	
Name of treating consultant:	
Are you still receiving treatment?	Yes / No
Are you currently off work as a result of your injuries?	Yes / No

If you have been injured as a result of the accident, medical evidence will need to be obtained. You will be sent a form to allow us, our claims handlers/insurers/solicitors access to your medical records, in order for us to accurately assess the value of your injuries. You may need to be examined by either a GP, hospital or consultant for a medico-legal report to be written. This process can take a number of months and will depend on the recovery time for your injuries.

PROPERTY DAMAGE CLAIMED				
Date purchased or received	Description of Article Damaged or Lost (Please provide photographs of damaged items together with receipts or Proof of Purchase)	Original cost price	Value at the time of loss (allowing for age & wear & tear)	Cost to Repair/ Replace (Two Estimates required)

Are you Insured against Injury/Loss or Damage of this Nature: (It may be more beneficial for you to claim through your own insurance policy for any damage to home contents, as claims are usually settled on a new for old basis, and the insurer can attempt to make a recovery of their losses from us on your behalf should they consider liability rests with the Council. Please refer to your policy booklet for what is covered by your home contents insurer.)	YES / NO
Name & Address of Insurer:	Policy Number:
Vehicle Registration No:	Make & Model:
Year:	Insurer Notified? Yes / No

Please tick/check the boxes below to confirm:

- I/We understand that, as a public body, the Council has a duty to protect public funds, and in view of this I/We understand that the Council may use or share the information I/We have provided on this form, and throughout the claim, internally with other departments within the council for the detection and prevention of fraud.
- I/We understand that any data provided will be processed in accordance with the Data Protection Act and General Data Protection Regulation requirements and in supplying this data, I/We understand that the Council will be processing it for the purpose which it is supplied.
- I/We understand that Insurance Companies and other relevant third parties maintain a number of anti-fraud and theft registers to help them verify information and prevent fraudulent claims. I understand that The Council, its insurers, solicitors or claims handlers may screen claims using these registers as part of their investigations, and may also share personal information relating to this incident to these companies for future reference of other parties to prevent fraud.
- I/WE UNDERSTAND THAT ANY FRAUDULENT AND/OR EXAGGERATED CLAIMS MAY BE PASSED TO THE POLICE AND THAT IF THE CLAIM IS FOUND TO BE FRAUDULENT OR EXAGGERATED IN ANY WAY I/WE MAY BE LIABLE TO CRIMINAL PROSECUTION.
- I/We Declare that the particulars given on this Form are True and Complete.

Signed:

Date: