

## **Notice of Claim Form**

### **Important Information**

This form is issued to allow your claim to be fully investigated. The issue of this form does not imply any liability, nor that a payment will be made in respect of the claim.

If you suffer injury or damage to your property because of a highway defect, the law says that there is no automatic right to compensation and it provides councils with a defence to claims which we are obliged to use.

All claims received are investigated and very few are actually attributable to negligence on the part of the Council.

You should be aware that we check all claims to prevent fraud and your details may be shared with other organisations to carry out further checks. People who make fraudulent claims are liable to prosecution and any suspected fraud will be fully investigated.

If you think we have failed to maintain the highway, you will have to prove this by showing that:

- The highway has not been maintained appropriately with regard to its importance and use and was therefore dangerous; and
- That this was the direct cause of the incident and that you have suffered a loss as a result.

Even if you can prove these things, we will not have to compensate you if we can demonstrate that we took all reasonable steps to ensure the highway was safe. This means that all inspections and repairs have been carried out as planned or reported. Where we have fulfilled our duty to inspect and repair but were unaware of the defect related to your incident (usually when the defect has appeared since the last inspection and we have not been notified), we are not legally liable to pay your claim.

You are required to keep your losses to a minimum in relation to claims involving damage to property. You must enclose copies of invoices for the works carried out.

We will consider your claim, look at our own evidence and if we agree that we are liable, we will make you an offer based on the level of injury or value of damaged items. If we do not agree, you will be told in writing and provided with an explanation of the decision.

If you need more advice, your local Citizens Advice Bureau and solicitors can help.

Please complete the form in block capitals and provide as much information as possible including photographs. Failure to complete this form and provide all the relevant information will mean the investigation of your claim will be delayed.

A parent/guardian will need to complete and sign the form if the claimant is less than 18 years of age (a minor).

If you have any queries concerning your claim, please contact Hull City Council on 01482 613318, or email [insurance@hullcc.gov.uk](mailto:insurance@hullcc.gov.uk).

Please email your completed form to [insurance@hullcc.gov.uk](mailto:insurance@hullcc.gov.uk) or send to:

Insurance Section, Hull City Council, City Treasury, Hull City Council, Guildhall Road, Hull, HU1 2AB

**Section One: Claimant**

<b>1.1</b>	<b>Title:</b>	<b>Full Name:</b>
	<b>Address:</b>	
	<b>Daytime Tel No:</b>	<b>Email Address:</b>
	<b>Date of Birth:</b>	<b>National Insurance Number:</b>

<b>1.2</b>	<b>If someone other than the claimant is completing this form, please state the following</b>	
	<b>Title:</b>	<b>Full Name:</b>
	<b>Address:</b>	
	<b>Relationship to Claimant:</b>	

**Section Two: Particulars of the Incident**

**Please support with photographs and maps if available**

<b>2.1</b>	<b>Date of Incident:</b>	<b>Time of Incident:</b>	am/pm (please delete)
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<b>2.2</b>	<b>Incident location:</b> (Please give the street name and the number of the nearest house or lamp post)		
	<b>Please provide maps/drawings/photographs of the location or further detail to help locate the incident e.g. direction of travel, land marks, distance from junction in this space</b>		
	<p><b>Location conditions at the time of the incident:</b></p> <p>Condition of highway surface?    <input type="checkbox"/> Dry            <input type="checkbox"/> Wet            <input type="checkbox"/> Icy</p> <p>Visibility?                                <input type="checkbox"/> Clear        <input type="checkbox"/> Foggy        <input type="checkbox"/> Raining        <input type="checkbox"/> Snowing</p> <p>Were road works present?            <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>Other details you wish to provide:</p>		

<b>2.3</b>	<b>How did the incident occur?</b>	
	<b>What was the cause of the incident?</b> (Please supply the height/depth of the defect if possible)	
	Footpath - Paving Slabs	cm/inches
	Footpath - Uneven Surface	cm/inches
	Footpath - Repairs	cm/inches
	Footpath - Drain Cover	cm/inches
	Carriageway - Pothole	cm/inches
	Carriageway - Uneven Surface	cm/inches
	Carriageway - Repairs	cm/inches
	Ice/Snow on road or carriageway	
	Vegetation	
<b>Why do you think the Council is at fault?</b>		

<b>2.4</b>	<b>When did you report the incident to the Council?</b>	<b>Date:</b>
		<b>Reference Number:</b>
	<b>Did you notify the police of the incident?</b>	<input type="checkbox"/> Yes <b>Incident number:</b>
		<input type="checkbox"/> No

<b>2.5</b>	<b>Were there witnesses to the incident?</b>	<input type="checkbox"/> Yes- Complete below	<input type="checkbox"/> No- Section 3
	<b>Is the witness known to you?</b>	<input type="checkbox"/> Yes- State relationship:	<input type="checkbox"/> No
	<b>Witness Name:</b>		
	<b>Address:</b>		

### Section Three: Personal Injury Claims

3.1	<b>Details of Injuries</b>		
	<b>Did you seek medical assistance?</b>	<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> No- Section 3.2
	<b>List the names and addresses of all hospitals, NHS trusts and GP's in order of attendance</b>		
	1)		
	2)		
3)			

3.2	<b>Did injury result in time off work and loss of earnings?</b>	<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> No- Section 4
	<b>What was your period of absence?</b>	<b>Start Date:</b>	<b>Return Date:</b>
	<b>Occupation:</b>	<b>Employee Payroll Number:</b>	
	<b>Employer and Address:</b>		
	<b>Please confirm your weekly net earnings</b>		

### Section Four: Vehicle Damage Claims

Please include copies of your current motor insurance certificate, MOT certificate and vehicle registration document

4.1	<b>Make of Vehicle:</b>	<b>Model:</b>
	<b>Registration No:</b>	<b>Mileage:</b>
	<b>Date of last service:</b>	<b>Date of last MOT:</b>
	<b>Name and address of registered owner if different from claimant:</b>	
	<b>Are you VAT registered?</b>	<input type="checkbox"/> Yes

4.2	<b>Name and address of motor insurer:</b>		
	<b>Policy/Certificate No:</b>	<b>Extent of Cover:</b>	
	<b>Have you informed your insurers you intend to claim?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.3	<b>Was there damage to a tyre/wheel?</b>	<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> No- Section 4.4
	<b>Age of damaged tyre:</b>	<b>Depth of tread remaining in damaged tyre:</b>	

4.4	Please complete below for any damage incurred:				
	Description of damage	Cost replacement?	of	Age of item?	Are invoices attached?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section Five: Property and Personal Property Claims**

5.1	Was the damage to a house/building?	<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> No- Section 5.2		
	Are you the owner of the house/building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Type of Property:				
	Address of property (if different to above):				
	When was the damage first observed?	Date:	Time:		
	Please complete below for any damage incurred:				
	Description of damage	Cost replacement?	of	Age of item?	Are invoices attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

5.2	Please complete below for any damage/loss of personal property incurred:				
	Description of damage	Cost replacement?	of	Age of item?	Are invoices attached?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

5.3	Name and address of insurer:			
	Policy/Certificate No:	Extent of Cover:		
	Have you informed your insurers you intend to claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Section 6: Declaration**

The information I have given on this form is true and complete. I am aware that the local authority can check the information that I have given in this form with a number of national registers. I know I am liable to prosecution if I have provided the authority with information that I know to be false.

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

Signed:	Date:
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<b>Enclosures checklist (please send copies)</b>		<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<b>Completed application form</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Location map and photographs of defect and surrounding area</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Photographs of damage</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Insurance certificate</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>MOT certificate</b>		
<input type="checkbox"/>	<b>Vehicle registration document/proof of ownership</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Copy of paid repair invoices</b>	<input type="checkbox"/>	<input type="checkbox"/>
Please return form to:		Hull City Council, Insurance Section, City Treasury, Guildhall Road, Hull, HU1 2AB Or email it to <a href="mailto:insurance@hullcc.gov.uk">insurance@hullcc.gov.uk</a>	