

# PUBLIC LIABILITY CLAIM FORM

Fax: 0116 299 2298 / Email: Risk.management.services@leicester.gov.uk

**Section 1 – CLAIMANT DETAILS**

Name:	Title - Mr/Mrs/Ms/Miss:
Address:	Postcode:
Telephone:	Occupation:
Age:	Date of Incident:
Council Tenant: Yes/No      If so, date tenancy commenced at this property:	
Do you have Insurance that covers this incident: Yes/No	
If Yes please give name, address and policy number of your insurers:	

**Section 2 – PROPERTY DAMAGE**  
*To be completed by those making a claim for damage to personal property only*  
 (Please use the Additional Information sheet if you require more space)

Description	from whom obtained	Date acquired	Original Price	Value at the time of damage	Value after damage

Date Of Incident:	Time Of Incident (Approx):
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How did the incident occur:

Full details on why you are holding the Council responsible for this incident:

Have you previously made any complaints to the council regarding this matter? Yes / No

If yes, whom did you contact and on what dates:

**Section 3 – PERSONAL INJURY**

*Please forward any photographs and a sketch plan of the precise location of incident in order to support your claim.*

**Date of incident:**

**Time of Incident(Approx):**

**Exact Location of Incident (relevant shop names and house numbers if appropriate):**

**How did the incident occur:**

**Full details of personal injury:**

**Full details on why you are holding the Council responsible for this incident:**

**Have you previously made any complaints to the council regarding this matter? Yes / No  
If Yes, whom did you contact and on what dates:**

**Full names and addresses of any witnesses to the incident ( please include your relationship to the witnesses if appropriate ):**

**Did you attend hospital / GP for treatment of your injuries? Yes / No  
If Yes, please provide full name and address of hospital/GP and relevant reference number given to you:**

**What treatment has been given to you in relation to your injuries?**

Section 4 – DECLARATION

I certify that the information I have given is true to the best of my knowledge and belief

Signature ..... Print Name in Full .....

Date .....

**NB Please note that all claims will be investigated before a decision is made. Completion of this form does not automatically entitle you to compensation. All claims must be supported by the relevant documentation.**

The following information is optional at this stage but will save time in the future

**EARNINGS AUTHORITY**

I hereby authorise my employer..... to release to Leicester City Council or their insurers/claims handlers details of my net earnings showing in detail all bonuses/benefits/SSP etc which make up my wage prior to and subsequent to an accident on .../.../.... in respect of which I have made a claim against Leicester City Council.

Full Name: ..... Clock/Works no .....

Signed: .....

**MEDICAL AUTHORITY**

I hereby authorise you to release to Leicester City Council or their insurers/claims handlers details of all injuries which I sustained and treatment given to me as a result of an accident on .../.../.... in respect of which accident I have made a claim against the Leicester City Council.

In addition I authorise you to disclose details of my previous general and medical history

I can confirm that no action is contemplated against my general practitioners of the practise or members of..... hospital or it's agents

Full Name: ..... Date: .....

Signed: .....

**Checklist (tick if attached)**

Photos

2 Estimates/quotes required for each replacement item or repair

Additional Documents (please state) .....

**The personal data collected in this form will be used to process your claim. It will be held on file by the Risk Management Services division, of Leicester City Council. In order to progress your claim it may be necessary to obtain personal information from other departments within the Authority or to share personal information you provide with the Council's nominated Insurer's, Claims Handler's, Solicitors or other agencies involved in dealing with this claim. All processing will be carried out in accordance with the Data Protection Act 1998.**

**Additional Information:**