

PUBLIC LIABILITY CLAIM FORM



When completed please return this form to:

Insurance Services

Leicester City Council, City Hall, 115 Charles Street, Leicester LE1 1FZ

or

Telephone – 0116 4541620 / Email: insurance.services@leicester.gov.uk

N. B. 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

Section 1 – CLAIMANT DETAILS

Mr/Mrs/Ms/Miss:

Surname:

Forename:

Address:

Postcode:

Telephone No:

D.O.B:

Occupation:

National Insurance Number (Injury Claims Only):

Do you have insurance that covers this loss? Yes No

If yes, has a claim been made to your insurers? Yes No

Are you a Council tenant? Yes No If yes, date tenancy commenced:

Is this a right to buy property? Yes No

Section 2 – Circumstances

Date of Incident:

Time of Incident (Approx):

Please fully describe the circumstances (include the exact location by sketch/photograph which is essential in the event of an injury claim):

Fully advise why you are holding the Council responsible:

Have you made any complaints to the Council regarding this matter: Yes No

If yes, please provide full details of who you have been in touch with at the Council with regards to this claim:

Name and Address of Witness 1:

Name and Address of Witness 2:

Section 3 – Property Damage (only complete this section if your claim involves damage to property)

Description/Item	Purchased From	Date of Purchase	Original Price	Value at the time of damage	Amount Claimed
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

Section 4 – Personal Injury (only complete this section if your claim involves an injury)

Full description of injury:

Name and address of hospital or G.P. attended:

Treatment given:

All injury claims have to be notified to the compensation recovery unit, which is part of the department of work and pensions. Please therefore ensure that your National Insurance number is included under Section 1 of this form.

Section 5 – 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

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 Insurance Services, of Leicester City Council. In order to progress your claim it may be necessary to obtain personal information from other departments within the Council or to share information you provide with the Council's nominated Insurer's, Claims Handler's, Solicitors or other agencies. All processing will be carried out in accordance with the Data Protection Act 1998.

The Council is under a duty to protect the public funds it administers. To this end from time to time it may use information provided to it for the prevention and detection of fraud and share it with other bodies.

The Council is proposing to participate in an anti-fraud initiative operation by the Audit commission's appointed auditors. For this initiative, we are providing details of insurance claims to the auditors so that they can compare these with information provided by other bodies. The object of the exercise is the detection of fraud, and these exercises help to ensure the best use of public funds.

If you are aware of any situation when fraudulent claims may have been made against the local Council please ring 0116 454 4046 (24 hours). All information received will be treated as confidential.