

For official use

Claim no:-

Liability Insurance Claim Form

Town Hall
Bourne Avenue
Bournemouth
BH2 6DY

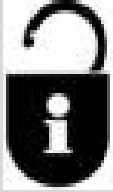
Form to be fully completed by a person wishing to make a claim for loss or damage

Notes for Guidance

(a) The information should be based on fact and be as complete as possible, this will help to avoid queries and delays later;

(b) All claims are assessed on the basis of whether the council has been legally at fault for the incident. Often events occur that are unfortunate but not due to any parties' negligence. There is no guarantee that entering a public liability claim will automatically result in compensation and in many cases it does not;

(c) Unless further information is required, communication from the Council (including acknowledgement of receipt of this completed form) will generally be made in writing.



Data Protection and Anti Fraud Statement

The information you provide will be used to enable the Council to investigate your claim and may be shared with or passed on to other Council departments or outside agencies who may be involved in a potential claim, as well as the Council's Insurers or legal representatives so that a formal response to your comments can be made. In considering your claim our Insurers will check your details with fraud prevention agencies and databases. If you provide false or inaccurate information and they suspect fraud, they will record this. Our Insurers can supply, on request, further details of the fraud prevention agencies and databases that they access or contribute to.

1 DETAILS OF THE PERSON MAKING THE CLAIM

Full Name	<input type="text"/>	Mr/Mrs/Ms/Miss Other	<input type="text"/>
Date of Birth	<input type="text"/>	National Insurance No.	<input type="text"/>
Occupation	<input type="text"/>		
Address	<input type="text"/>		
Postcode	Telephone No. (home)		(work)

2 DATE AND TIME OF INCIDENT

Day	<input type="text"/>	Date	<input type="text"/>	Time (if Known)	<input type="text"/>
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3 LOCATION OF INCIDENT

(a) Give Road Name, Village/Town and sufficient description to identify the site (eg House, Number, distance from junction, nearby landmarks, ordinance survey grid reference if known etc)

(b) Please provide a plan or sketch map of the accident site (indicating direction of travel and any other persons/property involved) and photographs if available. If you wish to send photographs separately by e-mail, please use insurance@bournemouth.gov.uk

4 PLEASE DESCRIBE HOW THE INCIDENT OCCURRED

5 PLEASE GIVE DETAILS OF THE LOSSES SUSTAINED AS A RESULT OF THE INCIDENT

6 PLEASE INDICATE WHY YOU CONSIDER BOURNEMOUTH BOROUGH COUNCIL HAS BEEN NEGLIGENT (i.e. at fault)

7 OTHER INSURANCES

Are you aware of any other Insurance which would assist you with your loss? E.g. Motor, Personal Accident, Home Buildings/contents Policies. Yes No

If yes, please provide details here:

8 WITNESSES

(if more than one witness, please detail on a separately attached sheet)

Name Relationship to witness

Address	Postcode	Telephone No. (home)	(work)

Did the police attend the accident? Yes No

If yes, please provide details of the Officer attending, crime number and relevant police station below:

9 DECLARATION OF CLAIMANT

I have read and agree with the above Data Protection and Anti-fraud statement. I confirm that the information given in this form is true and correct to the best of my knowledge and belief.

Signature Date

Please return this completed claim form to Bournemouth Borough Council, Insurance Team, Strategic Finance, Town Hall, Bourne Avenue, Bournemouth, BH2 6DY or e-mail to insurance@bournemouth.gov.uk