



Wrexham County Borough Council

Incident Report Form - Guidance Notes

It is important that you read these guidance notes before completing this form

1. When can an insurance claim be made against the Council?

To successfully claim compensation from the Council you will need to prove that the Council has been at fault in law. There is no automatic entitlement to compensation, and just because an incident has happened it does not necessarily mean the Council can be held to blame.

2. Other Insurance Cover

If you have Home Contents, Buildings or Motor Insurance that would cover your loss/damage, we recommend that you make a claim on the appropriate policy first. This is because settlement will most likely be on a "new for old" basis and you will not need to prove that anyone is at fault for the loss, so it is likely that your claim will be dealt with more quickly. Your insurers may then seek to recover their costs from the Council if they feel the Council has been at fault. A successful recovery by your insurers will mean that your premiums are unlikely to be affected

3. What information must YOU provide when you submit this form?

The following information must be provided:-

- a) A clear summary of the facts relating to the incident including the time and date of the incident.
- b) An indication of the nature and extent of your injury(ies) and/or details of any property damage
- c) Details of any financial loss suffered
- d) Sufficient other information to enable formal investigations to start e.g. a plan of the incident location and/or photograph(s) clearly identifying the location.
- e) Without this information the Incident Report Form cannot be processed

4. What happens once you have submitted this form?

- a) The Council will investigate the allegations and prepare a report.
- b) The report and this form will be sent to the companies who handle our claims. They will investigate the matter thoroughly and may contact you for further information. You must provide this information.
- c) The Council will not discuss the matter directly with you. All correspondence must be through the companies handling your claim.
- d) If you have any complaint as to how your claim has been handled then you should contact the company handling your claim

5. Information

- a) The claims handlers will acknowledge their interest in the matter and if your claim involves personal injury, they will look to confirm their position within 40 working days in accordance with the pre-action protocol for low value claims between £1,000 - £25,000. If your claim involves no personal injury then they will look to deal with it within 90 working days.
- b) If the claim is for damage to your property the claims handlers will require original receipts and/or replacement estimates and confirmation of the age of the items. Please be aware that any offer of settlement will not be on a new for old basis and as such will be adjusted for wear and tear.

- c) As well as the information outlined above the claims handlers may also ask you to provide your full name, date of birth and National Insurance number, if not already supplied
- d) If your claim is for injury, medical evidence will need to be gathered. The claims handlers will forward a form for completion to allow them to approach your GP/hospital for a report. Please be aware that the amount of time it takes to receive the report can vary widely and is something over which they have no control other than to issue regular reminders. You can of course chase the GP/hospital yourself in this instance
- e) If the GP/hospital report is not sufficient to accurately assess the value of your injuries the claims handlers may have to appoint a consultant who will need to examine you to prepare a comprehensive report. This process can be lengthy and may take a number of months

6. The Final Outcome

- a) Once all of the evidence has been collated and assessed the claims handlers will make a decision based on the legal liability of the Council: -
- b) If it is concluded that there is no liability and the claims handlers are not paying your claim you will receive a letter detailing why. If you wish to discuss this further you need to contact the claims handlers.
- c) If liability is accepted the claims handlers will make an offer of compensation, in writing, which they consider will accurately reflect an appropriate level of compensation in the circumstances.

7. Fraud

Any claim that is found to have been fraudulently intimated or exaggerated, whether during the processing of the claim or subsequently, may be passed to the Police and/or Crown Prosecution Service and may be subject to a criminal prosecution.

Please return the completed Incident Report Form to

**Insurance Services
Finance Department
Lambpit Street
Wrexham, LL11 1AY
insurance@wrexham.gov.uk**

Please Note

- 1. You are entitled to seek independent legal advice at any stage during the processing of this form.**
- 2. The issue and acceptance of this form by the Council is entirely without prejudice to any liability on behalf of the Council.**
- 3. PLEASE DO NOT USE THIS FORM FOR ANY OTHER PURPOSE THAN TO NOTIFY THE COUNCIL OF THIS INCIDENT**
- 4. Wrexham CBC has a zero tolerance to fraud and any claim form that includes any fraudulent details will be reported to the Police in accordance with our Counter Fraud Strategy**

Section 1		TELL US ABOUT YOURSELF.				
Full name and address of the injured party or owner of the damaged property	Mr/Mrs/Ms/ Miss/Other		Full Name			
	Address					
	Post Code		Email address			
Home Telephone			Work Telephone			
Personal Mobile			Work Mobile			
National Insurance Number			Date of Birth			
Occupation			Employer Name and Address			
Wrexham CBC Employee No. (If applicable)			Occupancy Type	Council Tenant	Leaseholder	Other
Do you consider yourself as having a Disability as defined by the Equality Act 2010?			Yes* (Physical/ Mental/ Learning/ Limiting long term illness) No* Prefer not to say*			
			*please circle			

Section 2		TELL US ABOUT THE INCIDENT YOU ARE REPORTING.			
Date and Time of Incident					
Exact Location (Where did it happen e.g. Street name, house number, street light column number)					
Post Code of Location (
What Happened? (Please describe precisely how the accident happened, include photographs of the site/damage if possible) You may continue on a separate sheet if you wish.					
What do you think caused this incident?					
Were there any warning signs e.g. lights or hazards?					
Height or Depth of Defect					
When did you first become aware of the defect?					

Had you already reported the defect to the Council <u>prior</u> to this incident?	YES				NO				
If Yes, when and to whom did you report it	When		To Whom						
If the incident occurred because of work being carried out by a contractor, please give the name of the contractor (if known)									
Were there any witnesses to the incident?	YES	NO	Relationship to Claimant						
Were the witnesses	Passengers in the vehicle		In another vehicle involved in the incident		Passers-by		Other		
Full name and address of witness(es)									
Were the Police or any other emergency services contacted or attended the incident?	YES				NO				
If yes, please provide details including the name and number of any police officers.									
Visibility and weather conditions at the time of the incident?	Visibility				Weather Conditions				
	Good		Poor		Dry		Snow		
	Daylight (Good)		Daylight (Poor)		Wet		Ice		
	Night Street Lamps Lit		Night Street Lamps Unlit		Fog		Windy		
What was the speed limit on the section of road where the incident occurred?				What was your speed when the incident occurred?					
What was the vehicle being used for?									
Classification of road	Trunk Road	Class I	Class II	Class III	Unclassified	Footpath	Bridleway		
What sort of area is the road in	Residential		Industrial		Town / City		Rural		Other
Do you have separate house contents insurance, vehicle insurance or home buildings insurance that would cover this incident?	YES	NO	If yes, have you made a claim with your insurer?			YES	NO		
What is the name of your insurer? (if applicable)									
What is your Policy Number?									

Section 3

TELL US ABOUT ANY DAMAGE TO YOUR VEHICLE OR YOUR PROPERTY

This section must be completed for loss/damage to personal property or vehicles. If you claim is for personal injury, please go to the next page. If you suffered damage to property and personal injury complete both sections. Please continue on a separate sheet of paper if necessary.

PROPERTY DAMAGE Give below full details of the property damaged. Where possible, damaged articles should be kept for inspection by the Council's Loss Adjusters who may wish to inspect these items. Please enclose photographs of damage and original invoices. **You have a duty to keep your losses to a minimum by having damaged articles repaired or cleaned where possible.**

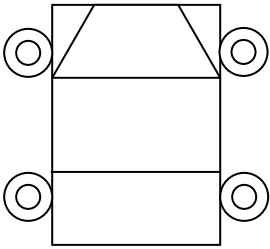
Description of Article	Date of Purchase	Original Cost (Please attach receipt)	Cleaning/Repair Cost (Please attach receipt)	Replacement Cost (Please attach estimate or replacement receipt)

MOTOR VEHICLE

Please describe the loss or damage sustained to your vehicle and enclose two estimates for repair or receipted invoice if repairs have been carried out. **Please provide photos in support of damage claimed**

Vehicle Reg. Number			Year of Manufacture	
Make			Model	
Mileage at Time of Incident			Has vehicle been modified? If yes - Engine / Wheels / Suspension / Body Work / Other	
Date you purchased vehicle			MOT number and expiry date (Please enclose a copy)	
Have you made a claim with your motor insurer?			Insurer: Policy Number: Claim Reference:	
Have the repairs been carried out?			If No, where can the vehicle be available for inspection?	
Are you the registered owner of the vehicle?	Yes	No	If Yes please enclose a copy of the registration document (V5).	
If No, please explain why you are reporting this incident.				

front



Please use this space to mark the area your vehicle which sustained damage.

Section 4

TELL US ABOUT ANY INJURY SUSTAINED IN THE INCIDENT.

This section is to be completed for Personal Injury Claims only. If your claim does not include Personal Injury you need not complete this section but you should still sign the declaration on page 4

Details of Injury Please describe the injuries and symptoms you suffered as a result of this incident.

If this injury resulted in time off work, please give dates of absence and details of your employer and any loss of earnings.

Did you have any unpaid time off work caused by the incident?

YES

NO

How long did this injury affect you and what impact did it have on your day to day life?

Did you attend Hospital or see your GP as a result of this incident?

YES

NO

If Yes please give details including the dates you attended and the name and address of the Hospital or GP.

SKETCH PLAN

Please show the exact site of the incident in relation to other landmarks or objects, such as a house number, shop name, item of street furniture (lamp column) etc.

IMPORTANT Indicate the precise location by an arrow pointing to the alleged defect and the direction in which the injured person was travelling and any distances from landmarks which will help identify the location.

Section 5	Declaration and Counter Fraud Statement		
<p>I hereby declare that the information provided by me is true to the best of my knowledge and belief.</p> <p>I understand that if I provide information which is incorrect or which is incomplete, action may be taken against me. This may include court action.</p> <p>The information which I have provided may be checked with other sources, the information may be used for purposes relating to the work of Wrexham County Borough Council and maybe given to other bodies as permitted by law.</p> <p>I declare that the information given on this form is a true account of the circumstances.</p>			
Signed		Date	/ / 20

Wrexham County Borough Council - Counter Fraud Measures
<p>Under Section 6 of the Audit Commission Act 1998, the Council submits data to the Cabinet Office as part of the National Fraud Initiative. This enables them to match Payroll, Housing Benefit, Housing Rent, Creditor Payment, Insurance Claim, Council Tax Benefit, Student Loan and Pensions data held by all Local Authorities. Data about you will be processed in accordance with recognised good practice and will be destroyed after use.</p> <p>Your records will be held on computerised systems and paper files and will be shared with our insurers, claims handlers, loss adjusters, solicitors and other agencies. We will not pass on or sell your details to third parties for marketing purposes.</p> <p>Our insurers also pass information to the claims and Underwriting Exchange Register run by the Insurance Database Services Ltd, the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers and other similar bodies. The aim is to help check information provided and also prevent fraudulent claims. In dealing with your claim they will pass information to the registers and check the register.</p> <p>If you have any queries relating to this Initiative please contact the Insurance Section by e-mail - insurance@wrexham.gov.uk.</p>

Please note that Wrexham CBC has a zero tolerance to fraud and any claim form that includes any fraudulent details will be reported to the Police in accordance with our Counter Fraud Strategy.

Section 6	MEDICAL MANDATE – FORM OF CONSENT
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Your details

National Insurance Number		Date of Birth	
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Title	Mr	Mrs	Miss	Ms	Dr	Other: (please state)	
Surname: (including former name(s) if changed)				Forename(s):			
Address: (including former addresses if changed since accident)							
Postcode:		Email:					
Telephone Number:							

Medical, Hospital, Doctor and Employer details

Please include addresses of all private and/or public hospitals involved together with record or patient numbers and the consultant/doctor concerned. State if the treatment was for physiotherapy or x-ray, at your GP's request.

Hospital(s) attended:							
Date attended Hospital:							
Address:							
Postcode:		Consultant's name:					
Record Number:							
GP surgery:							
Date attended GP:							
Address:							
Postcode:		Telephone:					
Doctor's name:				Patient Number:			
Employer's name: (including former employers if changes since accident)							
Address:							
Postcode:		Telephone:					
Contact Name:				Employee Number:			

Declaration

I, (enter name) _____ consent to disclose my General Practitioner's/hospital records, X-rays, and my employer's medical file to Insurance Section, Finance Department, Wrexham County Borough Council, LL11 1AY and their appointed claims handling agents, medical expert and solicitors.

Signed

Dated