

# Incident Report Form



## 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

Personal Mobile

Work Telephone

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

## SECTION 2.

### Tell us about the incident you are reporting

You should provide as much information as possible to enable us to process your claim as quickly as possible. If you do not provide sufficient information then this will delay your claim or cause it to be rejected. This is very important when describing the exact location of an incident.

Date and Time  
of incident

Day

Date

Time

Exact Location

Where did it happen?

e.g. Street name,  
house number, street  
light column number.

Clear location details must be provided to prevent your claim being rejected or delayed. A description of "pothole on the A483" will not enable the claim to be processed without it being referred back to the claimant. Where possible, use GPS tracking on your mobile phone or describe the location with reference to other static physical features e.g. house numbers, street lighting columns, signposts etc. If you can include these in a photo with the location of the pothole / defect then that will assist in processing the claim.

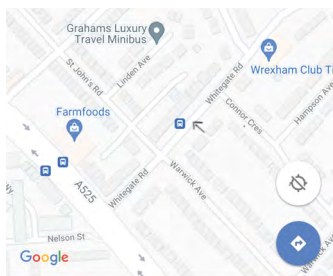
Post Code of Location

GPS of Location

Please provide a map of the specifying the exact location. Without this your claim cannot be processed.

**IMPORTANT:** Please specify the exact location by providing a plan/map and an arrow pointing to the alleged defect, (Indicating direction of travel) and any distances from landmarks which will help identify the location.

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. Clear location details must be provided to prevent your claim being rejected.



Google Map Data © 2021

Please draw a map here or provide picture as shown above.

What Happened?  
(Please describe precisely how the accident happened, include photographs of the area of the incident, and the defect )

**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 prior to this incident?

Yes    Reference:

No

Please provide Reference Number

If Yes, when and to whom did you report it?

When	To Whom
<input style="width: 190px; height: 30px;" type="text"/>	<input style="width: 400px; height: 30px;" type="text"/>

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

Relationship to Claimant

No

Occupancy Type

Passengers in the vehicle

In another vehicle involved in the incident

Passers-by

Other

Full Name and Address of witness(es)

Full Name

Address

Full Name

Address

Were the police or any other emergency services contacted or attended the incident?

Yes

No

If yes, please provide details including an Incident Number

Visibility at the time of the incident

<input type="checkbox"/> Good	<input type="checkbox"/> Poor
<input type="checkbox"/> Daylight (Good)	<input type="checkbox"/> Daylight (Poor)
<input type="checkbox"/> Night Street Lamps Lit	<input type="checkbox"/> Night Street Lamps Unlit

Weather at the time of the incident

<input type="checkbox"/> Dry	<input type="checkbox"/> Snow
<input type="checkbox"/> Wet	<input type="checkbox"/> Ice
<input type="checkbox"/> Fog	<input type="checkbox"/> 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

<input type="checkbox"/> Trunk Road	<input type="checkbox"/> Class A
<input type="checkbox"/> Class B	<input type="checkbox"/> Class C
<input type="checkbox"/> Unclassified	<input type="checkbox"/> Footpath
<input type="checkbox"/> Bridleway	

What sort of area is the road in?

<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
<input type="checkbox"/> Town / City	<input type="checkbox"/> Rural
<input type="checkbox"/> 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.

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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*	Cleaning/Repair Cost*	Replacement Cost **

\* Please attach receipt

\*\* Please attach estimate or replacement receipt

## Motor Vehicle Damage

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?  Yes  No **If Yes**  Engine  Suspension  Other  Wheels  Bodywork

Date you purchased vehicle

MOT number and expiry date (Please enclose a copy)

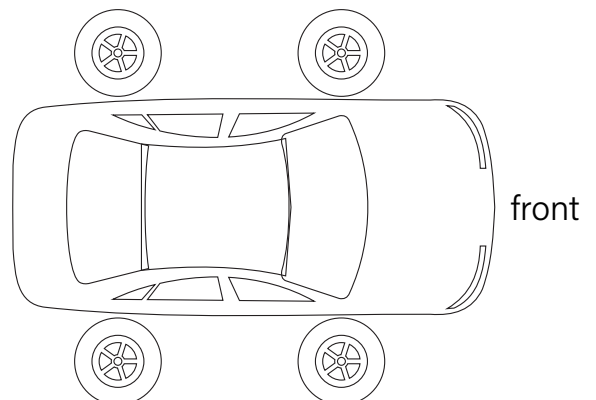
Have you made a claim with your motor insurer?  Yes  No Insurer:   
Policy Number:   
Claim Reference:

Have the repairs been carried out?  Yes  No 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.**

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 9.

#### 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.

## SECTION 5.

### Declaration and Counter Fraud Statement

I hereby declare that the information provided by me is true to the best of my knowledge and belief.

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.

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.

I declare that the information given on this form is a true account of the circumstances.

Signed

Date

### Wrexham County Borough Council - Counter Fraud Measures

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.

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.

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.

If you have any queries relating to this Initiative, please contact the Insurance Section by e-mail: [insurance@wrexham.gov.uk](mailto:insurance@wrexham.gov.uk)

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.

For information as to how Wrexham County Borough Council handles personal data, please see our Privacy Notices on our website: [wrexham.gov.uk](http://wrexham.gov.uk)

# SECTION 6.

## Medical Mandate – Form of Consent

Your details

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)

Post Code

Email Address

Phone

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:

Post Code

Telephone

Doctor's name:

Patient Number:

Employer's name: (including former employers if changes since accident)

Address:

Post Code

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 & ICT Department, Wrexham County Borough Council, LL11 1AY and their appointed claims handling agents, medical expert and solicitors.

Signed

Date