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| **CLAIM FORM****PERSONAL INJURY AND/OR PROPERTY DAMAGE** |

**Important - Please read the information provided before completing this form**

* A cover letter or email describing the circumstances in full is recommended.
* You are required to answer all questions on this form in order that your claim can be considered. Acceptance of this form does not constitute an admission of liability on behalf of the Council.
* Please report any dangerous highway defects to the BHCC Highways team as soon as possible by logging on to [***www.brighton-hove.gov.uk/roads-pavements-and-potholes-report-damage***](http://www.brighton-hove.gov.uk/roads-pavements-and-potholes-report-damage)
* Brighton and Hove City Council has a duty to protect public funds. Any claims where fraud is suspected will be investigated and appropriate action taken when fraud is detected.
* In the event that a claim is successful we can only pay for fair, reasonable and recoverable losses arising directly as a result of the accident; administration costs cannot be reimbursed e.g. postage, photocopying etc.
* Please make sure you provide as much information as possible about your incident to enable us to investigate your claim as quickly and efficiently as possible.
* We request that you provide dated photographs of the damage incurred and the defect where possible.
* It is important to note that we cannot investigate claims without a precise location and date.

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| **SECTION 1 - CLAIMANT DETAILS** |
| **Title** |  |
| **Full Name** |  |
| **Address** | **Post Code** |
| **Are you a BHCC Tenant or Lease Holder?** | Tenant/ Leaseholder/ Neither (delete as appropriate)***(Mandatory for housing claims only).*** |

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| **E-Mail Address** |  |
| **Telephone Number** |  |
| **Date of Birth** | ***………… / …………… / ……………******(Please note this information is required to prevent fraudulent claims and for national auditing purposes)*** |
| **National Insurance****Number** | ***………………………………………………………….******(Mandatory for personal injury claims only).*** |

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| **Have you notified your own Insurer?** | Yes / No (delete as appropriate) |
| **If yes, please provide the name of your Insurer and reference number.** | Reference Number………………………………… |

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| SECTION 2 - INCIDENT DETAILSPlease make sure you provide as much information as possible about your incident to enable us to investigate your claim as quickly and efficiently as possible. |
| **Date** |  |
| **Time** |  |
| **Location of Incident***(e.g. Road Name and Town)* |  |
| **Direction of Travel** |  |
| **Nearest point of Reference***(please indicate nearby landmarks i.e outside house number / shop name or number / bus stop or lamppost).***Use an app such as what3words if available to you.** |  |
| **How did the incident occur?***You should include full incident details, cause of damage and reasons why you consider the authority to be at fault (please use further sheets if necessary)* |
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| **Please enclose a marked map or draw a sketch plan below of the location.** |
| **Have you reported this incident to the Council?** | Yes / No (delete as appropriate) |
| **If yes, please confirm who this was reported to, and when, including any reference number/s.** | Reference Number…………………… |
| **Were the police contacted/informed of the incident?** | Yes / No (delete as appropriate)Reference Number…………………… |

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| **SECTION 3 – VEHICLE DAMAGE CLAIMS ONLY** |
| ***PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**** **Vehicle Registration Document/Proof of Ownership**
* **Insurance Certificate**
* **MOT Certificate (if required for this vehicle)**
* **Proof of Last Service**
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| **Weather Conditions** |  |
| **Speed of Travel** |  |
| **Details of Damage Sustained** |  |
| **For Wheel / Tyre Damage -** *Front Left / Front Right / Rear Left / Rear Right* (delete as appropriate) |
| **Mileage covered by damaged tyre(s) before the incident?** |  |
| **Date tyre last changed before the incident?****(with supporting evidence)** | ***………… / …………… / ……………*** |

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| **SECTION 4 – PERSONAL INJURY ONLY*****For the purposes of personal injury claims, we are also obligated to submit your national insurance number, together with your date of birth to the DWP Compensation Recovery Unit.*** |
| **Please provide full details of the injuries you sustained.** |
| **Have you now fully recovered? Please include any treatment you have had or continue to receive.** |
| **Was an ambulance called?** | Yes / No (delete as appropriate) |
| **Did you attend hospital and/or a GP for treatment?** |  Yes / No (delete as appropriate) |
| **If yes, please advise full name & address of the hospital and / or GP Surgery attended.** |

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| **SECTION 5 – DETAILS OF COSTS CLAIMED*****for all Claims*** |
| **Damaged item** **(incl. make & model)** | **Where & when purchased** | **Price paid** | **Replacement cost** |
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| **TOTAL** | £ |

***NOTE***

As a publicly funded body we have a responsibility to spend as efficiently as possible. This means we are unable to replace an old for new. A fair deduction is usually made in respect of wear and tear in the event of a successful claim.

You must enclose copies of **two independent estimates** for repair or replacement, unless work was required immediately in which case please provide copy of the **invoice**.

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| **SECTION 6 – PRIVACY NOTICE** |
| Brighton and Hove City Council is the data controller for the purposes of the Data Protection Act 2018. This means that Brighton and Hove City Council is responsible for making decisions about how your personal data will be processed and how it may be used.Personal information you provide will be treated confidentially at all times and may be used in a number of ways, in particular for the following purposes:* Making decisions about whether to settle or reject your claim
* The resolution of disputes through the courts
* The detection and prevention of fraud
* Compliance with the legal and regulatory requirements

In connection with the above we may share your information with:* Our insurers, insurance brokers and loss adjustors
* Other local authorities
* Contractors and utility companies
* Government departments and Agencies

Security safeguards apply to both manual and computerised held data, and only relevant staff/named disclosures can access your information.Brighton and Hove City Council is under a duty to protect the public funds it administers and, to this end, may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes, including the Audit Commission.The deliberate provision of false or misleading information will be investigated and relevant action will be taken. For further on how we process personal data please visit our website: <https://www.brighton-hove.gov.uk/content/council-and-democracy/brighton-hove-city-council-plan-2020-2023/data-protection> |

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| **SECTION 6 – ENCLOSURES CHECKLIST** |
| * DATED PHOTOGRAPHS OF DEFECT / REPAIR AND SURROUNDING AREA
* DATED PHOTOGRAPHS OF THE DAMAGE
* REPAIR INVOICE OR TWO ESTIMATES
* MAP MARKING EXACT LOCATION OF THE INCIDENT WITH AN ‘X’
* VEHICLE REGISTRATION DOCUMENT
* INSURANCE CERTIFICATE
* MOT CERTIFICATE (IF REQUIRED FOR THE VEHICLE)
* PROOF OF LAST SERVICE
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| **SECTION 7 - DECLARATION** |
| *I declare that the information given in this form is true to the best of my knowledge and belief and I authorise the Council to make any necessary enquiries to verify the information provided. I will notify the Council immediately if there are any changes to the above information.* |
| **Signature** |  |
| **Date**  |  |

### Please return this form to: claims@brighton-hove.gov.uk

*or*

Insurance Section, Brighton & Hove City Council, 3rd Floor, Bartholomew House, Bartholomew Square, Brighton, BN1 1JE.