

**Incident Report Form**

This form **MUST** be completed in full, failure to do so will result in your claim being delayed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Incident | |  | | Time | |  | |
|  | |  | |  | |  | |
| **Section 1 – Claimant Details** | | | | | | | |
|  | |  | |  | |  | |
| Title: Mr / Mrs / Ms / Miss / Other (please state) | | | | | |  | |
|  | |  | |  | |  | |
| Surname | |  | | Forename(s) | |  | |
|  | |  | |  | |  | |
| Full Address | |  | | | | | |
|  | |  | |  | |  | |
| Postcode | |  | | Telephone Number | |  | |
|  | |  | |  | |  | |
| Email Address | |  | | | | | |
|  | |  | |  | |  | |
| Date of Birth | |  | | National Insurance Number | |  | |
|  | |  | |  | |  | |
| Occupation | |  | | | | | |
|  | |  | |  | |  | |
| **Section 2 – Incident Details** | | | | | | | |
|  | |  | |  | |  | |
| Where did the incident happen? Provide the name of the road; include the closest house or shop number, street light number or any landmarks. **Provide copy photographs of the area/defect.** | | | | | | | |
|  | | | | | | | |
| Description of the Incident – What happened? | | | | | | | |
|  | | | | | | | |
|  | | | |  | | | |
| Height / Depth of the Defect | | | |  | | | |
|  | |  | |  | |  | |
| When did you become aware of the defect? | | | |  | | | |
|  | | | |  | | | |
| When did you report the defect to the Council? | | | |  | | | |
|  | | | |  | | | |
| Whom did you report it to? | | | |  | | | |
|  | | | | | | | |
| **Visibility** | | | | | | | |
| Daylight – Good | | |  | Daylight – Poor | | |  |
| Night –Street Lights Lit | | |  | Night – Street Lights Unlit | | |  |
|  | | | | | | | |
| **Weather** | | | | | | | |
| Dry |  | | Snow |  | Wet | |  |
| Fog |  | | Ice |  | Other | |  |
|  | | |  |  | | |  |
|  | |  | |  | |  | |
| Why do you believe the council are to blame for the incident? Remember you are required to demonstrate there is negligence on the part of the council. | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 3 – Vehicle Damage** | | | | | |
|  |  | |  |  | |
| Registration Number |  | | Make/Model |  | |
|  |  | |  |  | |
| Details of the Damage | | | | | |
|  | | | | | |
|  |  | |  |  | |
| Name and address of Registered Owner if different from the claimant | | | | | |
|  | | | | | |
|  |  | |  |  | |
| The following documents MUST be provided for vehicle damage claims. Please tick to confirm they are attached, you should provide copies not originals as hard copies. | | | | | |
| * Valid UK Driving Licence | | | | |  |
| * Certificate of Insurance which was valid at the time of the incident | | | | |  |
| * MOT Certificate valid at the time of the incident | | | | |  |
| * Vehicle Registration Document | | | | |  |
| Has a claim been made to your insurers? | | | |  | |
|  | | | | | |
| **Section 4 – Property Damage** | | | | | |
|  |  | |  |  | |
| Please provide a description of the property/losses claimed for, attaching original receipts. | | | | | |
|  | | | | | |
|  |  | |  |  | |
| Do you have separate house insurance, which would cover this claim? | | | |  | |
|  | | | |  | |
| If yes, have you made a claim to your insurers? | | | |  | |
|  |  | |  |  | |
| **Section 5 – Injury Details** | | | | | |
|  |  | |  |  | |
| Claims for injuries will require the ‘Medical Mandate – Form of Authority’ to be completed also. | | | | | |
| Description of Injuries Suffered – indicate left or right where appropriate | | | | | |
|  | | | | | |
| **Section 6 - Witnesses** | | | | | |
|  |  | |  |  | |
| Please identify any witness to the accident, giving their full details and relationship to the claimant | | | | | |
|  |  | |  |  | |
| Name |  | | | | |
| Address |  | | | | |
| Relationship to you |  | | | | |
|  |  | |  |  | |
| Name |  | | | | |
| Address |  | | | | |
| Relationship to you |  | | | | |
|  |  | |  |  | |
|  |  | |  |  | |
| **Section 7 – Anti Fraud Notice & Declaration** | | | | | |
|  | | | | | |
| We have a responsibility to Council Tax payers to ensure that all claims received are legitimate.  All information provided on this form and obtained during the investigation of your claim may be used by Doncaster Council and other outside organisations, including, but not limited to, the Claims & Underwriting Exchange (CUE) run by Insurance Database Services Ltd (IDSL) and the Motor Insurers Anti-Fraud Register run by The ABI to detect dishonest claimants and take appropriate action against anyone attempting to defraud the Council. In addition, we may share your information with our legal representatives, contractors or outside bodies who may be involved with the defence of the claim.  I declare that the information I have given on this form, and any associated documentation, is true and complete. I am aware that I may be liable to prosecution if I have provided the Council with information that I know to be false. I confirm I am aware original documents are destroyed within 3 months of receipt. | | | | | |
| Signed |  | | | | |
|  |  | | | | |
| Dated |  | | | | |
|  |  | |  |  | |
| **Please return by email to:-**  Insurance@doncaster.gov.uk | | | | | |
|  |  | |  |  | |
| You should receive an acknowledgement by email within 3 weeks of receipt.  You should receive a decision on your claim within 3 months of the council acknowledging receipt of your claim, in line with recommended legal protocols for insurance claims. | | | | | |
| **MEDICAL MANDATE – FORM OF AUTHORITY** | | | | | |
| To be completed for all claims relating to injury. | | | | | |
|  |  | |  |  | |
| Title: Mr / Mrs / Ms / Miss / Other (please state) | | | |  | |
|  |  | |  |  | |
| Surname |  | | Forename |  | |
|  |  | |  |  | |
| Full Address |  | | | | |
|  |  | |  |  | |
| Postcode |  | | Date of Birth |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| **Medical, Hospital, Doctor and Employer details** | | | | | |
|  |  | |  |  | |
| Hospital(s) attended: | |  | | | |
| Date attended Hospital: | |  | | | |
| Hospital Address: | |  | | | |
| Postcode: | |  | | | |
| Record Number: | |  | | | |
|  | |  | | | |
| GP surgery: | |  | | | |
| Date attended GP: | |  | | | |
| GP Address: | |  | | | |
| Postcode: | |  | | | |
| Doctor’s name: | |  | | | |
|  |  | |  |  | |
| I, (enter name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to disclose my General Practitioner’s/Hospital Records and X-rays to Insurance Section, Doncaster Council, Civic Office, Waterdale, Doncaster, DN1 3BU, and their appointed claims handing agents, medical expert and solicitors. | | | | | |
|  |  | |  |  | |
| Signed |  | | Dated |  | |



*If your accident was a direct result of a dangerous defect then please report the defect to the Council immediately by calling 01302 736000, so that we may carry out any necessary repairs to prevent any further incidents.*

If you are considering making a claim against the Council for an injury or financial loss, and you are able to prove that the Council has been negligent, then please complete this incident report form. However please think carefully before making a claim against the Council, compensation is usually paid from public money and we must protect the public funds as the cost of investigating unsuccessful or fraudulent claims diverts money away from important front line services.

**Before completing this form, please consider the following information.**

**Making a Claim for damage or injury caused by a road/footpath defect**

The Highways Act 1980 imposes a duty upon the council to maintain all highways for which it has a responsibility. Doncaster Council therefore operates a system of inspection, which is robust and complies with the national guidance. The frequency of inspection is dependent on the classification of the highway.

The law gives a defence to Doncaster Council as the Highway Authority if it can demonstrate that reasonable steps have been taken to ensure that the highway was safe. This means that if all inspections had been carried out as planned and any reported defects have been repaired within a reasonable amount of time, then the Council may reject your claim.

Each case will be judged on its own merit, and a decision on liability will be based on the facts of the case and the law. We will take into consideration the information that you have provided along with documentation from our Highways team such as the inspection records and the complaints history. If it is found that the Council has complied with its duties under the Highways Act then it must be expected that your claim will be turned down.

Unfortunately accidents do occur, however very few are actually attributable to negligence on the part of the Council. All claims received are fully investigated and are not automatically paid; the majority of these claims against Doncaster Council are successfully defended.

**Making a public liability claim**

Unfortunately accidents do occur, however very few are actually attributable to negligence on the part of the Council. All claims received are fully investigated and are not automatically paid; the majority of claims against Doncaster Council are successfully defended. In order for a claim against the Council to be successful, you must prove that the Council has been negligent.

Each case will be judged on its own merit, and a decision on liability will be based on the facts of the case. We will take into consideration the information that you have provided along with our own evidence. If we consider that the Council has acted reasonably, then your claim will be rejected.