



# Housing Liability Claim Form

## Important Information for Claimants (please read carefully before you complete this claim form).

Please note that anybody has the right to make a claim but completion of this form cannot be construed as an admission of liability on behalf of the Council. The Council is only responsible for your property damage if it can be proven that the accident was caused by its negligence or breach of duty.

The Council deals with claims in line with the Ministry of Justice Civil Procedure Rules Pre-Action Protocols. If you are unfamiliar with the legal background governing your claim, you may wish to research the relevant legislation, contact Citizens Advice or seek independent legal advice.

The Council's Insurance team will acknowledge receipt of your claim form in writing and will advise at this point if any further information is required. The Council's Insurance team will then use the information provided on this claim form to investigate and assess your claim.

The Council's Insurance team will endeavour to provide a claim decision in writing within 40 working days of receipt of your completed claim form, or 40 working days from the date you provide sufficient information.

Claims may be re-directed to third parties, such as Council contractors, as appropriate.

If you have your own contents insurance in place, it is advisable to firstly notify your own insurer of the damage incurred. If the circumstances of your claim are covered under the policy they will handle your claim and may compensate on a 'new for old' basis, whereas any Council offer of compensation is likely to make deductions for wear and tear rather than offer at full replacement value. Your own insurer may also be prepared to settle your claim and then pursue a recovery against the Council on your behalf, reducing the administrative burden on you.

Details of your claim may be passed to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The Council shares its data between all its Departments and is committed to fraud prevention and protecting the public purse. **It is a criminal offence to make a fraudulent claim.**

**Please return your completed claim form to:**

**Email:** [insurance@rbkc.gov.uk](mailto:insurance@rbkc.gov.uk)

**Post:** Insurance Team, 3<sup>rd</sup> Floor, Town Hall, Hornton Street, London, W8 7NX

## 1) Claimant's details

☐ Mr. ☐ Mrs. ☐ Ms.

☐ Miss ☐ Other

National Insurance Number:

Date of Birth:

Please explain why you do not have a NI number

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Address:

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Date of Incident:

Post code:

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## 2) Incident time, location and description

Estimated time of accident, (24-hour clock)

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Where exactly did the incident happen? Please provide sufficient detail to identify the precise incident location (e.g. the exact part of the property, communal area, etc.)

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Please provide a description of the incident and the actions you took after it occurred.

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### 3) Property Damage

Do you have a contents insurance policy in place to cover the property damage?

Yes ☐ No ☐

If Yes, have you notified your insurer of this loss/damage?

Yes ☐ No ☐

If Yes, please provide the following details:

Insurer Name:

Policy Number:

Insurer Contact Details:

Please give a description of the damage sustained as a result of the incident, providing photographs if possible. If you have any original receipts, please enclose them with this form to support your claim. If you do not have a receipt, please state

the month and year the item was purchased and its original cost. If any damaged items can be repaired or professionally cleaned, please attach an estimate or receipt.

4) Liability – why do you believe the Council is to blame for the accident?

5) Other relevant information (please provide any other relevant information to support your claim).

## 6) Statement of Truth

I believe that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.

☐

I am the claimant. I believe that the facts stated in this claim form are true.

☐

Signed:

Date: