

INFORMATION SHEET FOR HIGHWAYS CLAIMS – APRIL 2015

Investigating Your Claim

This "**Information Request Form**" is sent out for all claims relating to the public highway. It is used to help collect all of the information needed to investigate your claim.

The Council deals with highway claims following the framework set out by the UK Courts in the Pre-action Protocol. On a claim involving personal injury, a decision on liability must be provided by the Council within 40 working days **but only after you have provided sufficient written information for us to be able to investigate.**

The Highways Inspectorate prepares a full accident report about the accident location. This provides the detailed maintenance history, photographs and the complete documentary evidence for the site. The Council endeavours to defend each and every claim because it has a full system of inspections in place and it does everything that it reasonably can to prevent such unfortunate incidents.

The Legal Background

The key Act governing highways claims is the Highways Act 1980.

By making a claim, you are stating that the Council has been negligent and has not fulfilled its statutory obligations in terms of the above Act. (In particular, Section 41 – “the duty to maintain” and Section 58 – “the authority had taken such care as in all the circumstances was reasonably required to secure the part of the highway to which the action relates was not dangerous”).

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

Fraud Prevention

In accordance with the Social Security (Recovery of Benefits) Act 1997, the Council are legally required to report all claims for personal injury to the Department for Work & Pensions.

The Council may pass information on your claim to the Motor Insurance Anti-fraud and Theft Register, run by the Association of British Insurers (ABI).

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 for Fraud Prevention.

Please return the completed form to:

Email: insurance@rbkc.gov.uk

Post: Insurance Section, 3rd Floor, Town Hall, Hornton Street, London, W8 7NX

IT IS A CRIMINAL OFFENCE TO MAKE A FRAUDULENT CLAIM

HIGHWAYS CLAIMS INFORMATION REQUEST FORM

(TO BE COMPLETED BY THE CLAIMANT)

ARE YOU CLAIMING FOR PERSONAL INJURIES? YES NO

If YES and you are a UK citizen over 16, you will need to supply the following:

National Insurance (NI) Number

DATE OF BIRTH/...../.....

ARE YOU MAKING A VEHICLE DAMAGE CLAIM? YES NO

If YES, you need to supply the following:

Vehicle Registration Number

1. **TITLE, FULL NAME AND CONTACT DETAILS**

MR MRS MISS MS Other (please specify).....

NAME:.....

ADDRESS:.....

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..... POST CODE:.....

TELEPHONE:..... (HOME) (MOBILE/OFFICE)

E-MAIL:.....

2. **HOW DID YOU FIRST NOTIFY THE COUNCIL ?**

TELEPHONE LETTER WEB-FORM EMAIL FAX

WHEN?/...../..... WHAT REFERENCE NO. WERE YOU GIVEN?.....

WHAT CONTACT NAME WERE YOU GIVEN?

3. **DETAILS OF ACCIDENT**

DATE OF ACCIDENT:/...../..... TIME: AM / PM

LOCATION (ROAD ETC.):

OUTSIDE / NEAR (IF KNOWN):

For example, a house number or shop name or lamp post number as near the spot as possible

WERE THERE WITNESSES ? YES NO

IF YES, PLEASE STATE NAMES AND ADDRESSES ETC (IF KNOWN)

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WERE THE POLICE INFORMED ? YES NO

IF YES, PLEASE GIVE DETAILS OF POLICE OFFICER AND POLICE STATION (IF KNOWN)

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4. **DETAILS OF ACCIDENT (continued)**

HOW DID IT OCCUR ? :

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.....(CONTINUE ON PAGE 4 IF NECESSARY)

5. **DETAILS OF PERSONAL INJURIES OR OTHER DAMAGE**

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HAVE YOU RECEIVED A LETTER FROM YOUR DOCTOR OR A HOSPITAL? YES NO

IF YES, IS THE ORIGINAL OR A COPY ATTACHED? ORIGINAL COPY

HAVE YOU OBTAINED ESTIMATES OR RECEIPTS OF ANY DAMAGE? YES NO

IF YES, IS THE ORIGINAL OR A COPY ATTACHED? YES NO

6. **PHOTOGRAPHS OF ACCIDENT SITE**

HAVE YOU TAKEN A LOCATION SHOT OF THE ACCIDENT SITE? YES NO

IF YES, ARE COPIES ATTACHED? YES NO

WHEN WERE THESE PHOTOGRAPHS TAKEN? DATE:/...../.....

7. **A SKETCH PLAN OR A MARKED MAP THAT ACCURATELY SHOWS THE ACCIDENT SITE**

Please show as accurately as possible where your accident happened, including the name of the street and a house number or building name as near the spot as possible.

THIS WILL BE ESPECIALLY IMPORTANT IF YOU HAVE NOT PROVIDED ANY LOCATION SHOT PHOTOGRAPH.

If you do not provide a good description of the location your claim will inevitably be delayed.

8. ANY OTHER INFORMATION TO ASSIST WITH YOUR CLAIM

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PLEASE SIGN THIS FORM IN ORDER FOR US TO PROCED WITH YOUR CLAIM

(If you are under 18 years of age please ask your parent/guardian to sign on your behalf).

By signing this document you are confirming that to the best of your knowledge and belief the details you have provided here are correct. You are also giving permission for the information in this form to potentially be shared with other interested parties and for anti-fraud initiatives across Council Departments.

SIGNATURE OF CLAIMANT

PLEASE PRINT NAME IN BLOCK CAPITALS

DATE:/...../.....