

INCIDENT REPORT FORM

If you wish to claim for an incident which has caused loss or damage to your property, and/or personal injury, you should complete and return this form.

- Please use capital letters and complete all relevant sections.
- Failure to complete any mandatory field (marked with an asterisk *) may delay the processing of your claim.

Completion of this form should not be construed as an admission of liability on the part of the council, or that you will automatically receive compensation. All information is requested in order to comply with the protocols laid down in the Civil Justice Reforms 1999 (Woolf Reforms).

Please return this completed form to:-

Insurance Section
PO Box 54
Civic Centre
Silver Street
Enfield
EN1 3XF

or

insurance@enfield.gov.uk

DETAILS OF INCIDENT

Date of incident* ____/____/____ Time: _____ am / pm

Exact location of incident *

PLEASE NOTE - You are required to precisely identify the incident location before we can formally consider your claim

Full details of incident – how did the incident occur?*

Photographs of defect/hazard*

Please attach TWO Photographs of defect/hazard.
One photograph should be a long shot showing the general area, including the defect/hazard and one photograph should be a close up showing the defect/hazard. You should mark with a "X" the exact location of the incident and mark with an arrow the direction of travel on both photographs
Please confirm the date the photographs were taken? ____/____/____

Sketch plan of incident – please ensure that you identify any landmarks and/or house numbers that you have referred to in your written description of the incident. (You may wish to attach a map downloaded from the internet)

Measurement of alleged defect/hazard – e.g. height/depth _____
How was this measurement taken? _____

Have you travelled along this road/route before?* **YES/NO** (*delete as applicable*)
If yes, please confirm how often? _____

Please advise why you believe the London Borough of Enfield is at fault*

If the incident occurred because of work being carried out by a contractor, please give the name of the Contractor (if known)

Injury claims only - please describe any personal injury that you have sustained.

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Please detail the items and amounts that you are claiming for and the age of the items

| DESCRIPTION OF ITEM | DATE OF PURCHASE | WHERE PURCHASED | MAKE/MODEL NO. | REPLACEMENT COST | ESTIMATE OR INVOICE ATTACHED (YES/NO) |
|---------------------|------------------|-----------------|----------------|------------------|---------------------------------------|
| | | | | | |
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Vehicle damage claims only

Please describe any damage to your vehicle

What speed were you travelling at the time of the incident _____ mph

Vehicle registration number _____ Make/Model _____

Are you the registered owner? **Yes / No** delete as applicable

Is the vehicle available for inspection? **Yes / No** delete as applicable

INSURANCE

Do you have separate house contents/vehicle insurance which would cover this loss?

Yes / No delete as applicable

If yes, have you made a claim to your Insurers?

Yes / No delete as applicable

YOUR DETAILS*

Title: Mr / Mrs / Miss / Ms / Dr *delete as applicable*

Surname _____ Forename _____

Address _____

_____ Postcode _____

Email _____

Contact telephone number _____

For Personal Injury claims only

Date of birth: ____/____/____

National insurance number:

| | | | | |
|--|--|--|--|--|
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Any other relevant comments that you wish to make

DECLARATION*

In line with Part 6 of the Local Audit and Accountability Act 2014 , the Council participates in the National Fraud Initiative. The information you provide will be held on computerised systems and/or papers files, and used for cross-system and cross authority comparison for the prevention and detection of fraud.

In addition, we will pass your records to our Insurers who will also pass the information to the Claims & Underwriting Exchange Register; the Motor Insurance Anti-Fraud & Theft register; and other similar agencies and bodies. We may also share your information with our claims handlers, legal representatives, contractors or outside bodies who may be involved with the investigation of your claim.

I declare that the details I have provided in this form are true to the best of my knowledge and belief. I understand that the information I provide may be shared with other bodies and agencies as permitted by law and also for the purpose of detecting and preventing fraud. I understand that action will be taken against me if I provide information that is untrue.

Signature* _____ Date* ____/____/____