

**Basildon Council – Motor Vehicle Claim Form**

**Please ensure you read the following information before completing this claims form and that you complete this form thoroughly, failure to complete the form may result in the form being returned to you and a delay in the processing of your claim.**

Compensation is not automatically paid. Although you may have cause to bring a claim against the Council, this does not mean that you will automatically receive compensation. Whilst we appreciate that you have suffered a loss of some kind, we are only able to pay claims where it is clearly demonstrated that we have acted in a negligent manner. Incidents can occur that are not necessarily due to an act of negligence by a person or organisation, such as wear and tear or pure accident.

Legally the onus is on you as the claimant to prove your claim, this includes providing full details of the incident including accurate dates, locations and details of the incident to enable us to investigate the claim thoroughly. You will also need to provide evidence of the loss you sustained by providing us with photographs and invoices or estimates for the damaged items, failure to fully detail your loss may result in your claim being undervalued. If possible you should also provide photographs of damaged items or injuries you have sustained.

Due to the nature of the claim you are making, a full investigation will have to be undertaken into the circumstances of the claim to establish whether there is any legal liability, therefore, it is important that all the facts of the incident are provided.

As each claim is different all investigations are unique and we will aim to have provided you with a decision regarding your claim within 90 days of you submitting your claim form. Each claim is dealt with on it’s own merit and legal insurance principles are applied to ensure that the correct decision is made, you may be asked for further information to support your claim throughout the investigation process to enable us to do this.

In the case of damage claims, if an urgent repair or replacement is required to an item to ensure that it is safe, you are responsible as the owner of that property to ensure that it is made safe and does not pose a threat to you or others. The Council cannot arrange for any repairs to property that is not under our ownership and are also unable to recommend contractors to carry out such work.

Basildon Council’s claims philosophy is that ‘claims will be dealt with in a firm but fair manner’, and the full document containing this philosophy is available to view on the Council’s website.

Basildon Council has a duty to protect the public funds it administers, therefore, we are duty bound to advise you that the Council is legally required to participate in the National Fraud initiative data matching exercise. This means that the information you provide us with will be shared for cross system and cross Council comparison for the prevention and detection of fraud.

Motor Vehicle Claim Form

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| --- | --- | --- | --- |
| Title: |  | | |
| Name: |  | | |
| Address: |  | | |
| Postcode: |  | | |
| Telephone Number: |  | | |
| Email Address |  | | |
| Would you prefer to receive all correspondence via  e-mail? | | |  |
| Date of Birth: |  | | |
| National Insurance No: |  | | |
| *required in ALL cases where a claim for personal injury is being made* | | | |
| Occupation: |  | | |
| Date of Incident: |  | | |
| Time of Incident: |  | | |
| Exact Location of Incident: |  | | |
| *(Please attach a sketch plan or photographs of the area where relevant)* | | | |
| If the location is not your home, have you visited this location before? | | |  |
| If yes please confirm how often? | | |  |
| Please provide the registration of our vehicle: | | |  |
| Was a driver accident card provided to you?  (if yes please provide copies) | | |  |
| How exactly did the incident occur:  *(please ensure that you provide full details of the incident, continuing on a separate sheet of paper if necessary)* | | | |
|  | | | |
| Please confirm the weather conditions at the time of the incident: | | |  |
| Description of loss / injury: | | |  |
| Are photographs available:  *(if yes please provide copies)* | | |  |
| Details of any injuries sustained:  (if relevant) | |  | |
| If you sustained an injury did you attend your GP/Hospital for treatment? | | |  |
| *(please provide full details including name and address of GP/hospital and date & time attended and please complete the attached authorisation form to enable us to obtain copies of your records)* | | | |
| Contact name and address:  (please include date and time attended) | |  | |
| Have you previously suffered a similar injury to the one you have sustained now? | | |  |
| If yes please provide full details: | |  | |
| Details of any property damage sustained: *(if relevant)*  *(please list items and state how old these items were when damaged and their replacement costs)* | | | |
|  | | | |
| Total replacement costs: | |  | |
| *(please enclose invoice, estimates or receipts for the damaged items, if not available we will require photographic evidence of the damaged items)* | | | |
| Had the matter previously been reported to Basildon Council?  (if yes please confirm the how and when it was reported, including the names of any relevant officers) | |  | |
| Please provide your vehicle details: (if applicable) | | | |
| Registration: | |  | |
| Make & model: | |  | |
| Please advise why you feel Basildon Council is responsible: | |  | |
| Are there any witnesses to the incident? | | |  |
| If yes, please provide full contact details: | |  | |
| Did any other person or contractor directly contribute to the cause of this claim? | | |  |
| If yes, please provide full contact details: | |  | |
| Any additional information you would like us to consider when investigating your claim? | | | |
|  | | | |
| I declare that the information given above is true to the best of my knowledge and belief and I authorise the Council to make any necessary enquires to verify the information provided. I will notify the Council immediately if there are any changes to the above information, and I am aware that the information I provide will be shared with other organisations for cross system and cross Council comparison for the prevention and detection of fraud. | | | |
| **Once complete, please return this form to:**  [**insurance@basildon.gov.uk**](mailto:insurance@basildon.gov.uk)  **or via post to:**  **Insurance Section, Basildon Borough Council, The Basildon Centre,**  **St Martin's Square, Basildon, Essex, SS14 1DL** | | | |