

The completion of this form will assist us to investigate the alleged incident, and its use cannot be construed as an admission of liability. The information you submit should be based on fact and be as complete as possible including your signature and date on the final page.

If the claim form is considered to be incomplete it will be returned to you for full completion. This may cause a delay in the decision of your claim.

There is no automatic entitlement to compensation - your claim will only be successful if we have been proven to be negligent. All claims will be dealt with fairly and as quickly as possible.

Please refer to Claim Form Guidance Notes for further information regarding the claims process, including timescales.

### Reporting a defect

Before submitting a claim, the problem on the road or footpath should be reported, and a reference number obtained. Defects can be reported as follows:

<https://improvingyourroads.shropshire.gov.uk> or by calling 0345 678 9006.

We will use the information you provide to consider your claim and this information will be shared with our Insurers. Information will be processed in accordance with the Data Protection Act 2018.

### ANTI-FRAUD NOTICE - PLEASE READ

We have a responsibility to our Council Tax payers to ensure that all claims received are legitimate.

All legitimate claims are assessed individually and fairly and where we are to blame, compensated as quickly as possible.

We and our Insurers have an anti-fraud system in place to assist in detecting dishonest claimants and taking appropriate action.

The anti-fraud system gives us and our Insurers an opportunity to use and share with outside agencies and neighbouring authorities the information you have provided to detect fraud. This system complies with the requirements of the Data Protection Act 2018.



# Form to be completed by Claimant in BLOCK CAPITALS

## Details of Claimant

Preferred Title: (Mr /Mrs etc.):	
Full Name	
Address	
Postcode	
E-mail Address:	
Telephone Number:	
Date of Birth	
National Insurance Number	
Employers Name and Address	
Are you registered for VAT : YES / NO If YES please provide VAT registration number	
Have you ever made a claim against Shropshire Council before: YES / NO If Yes, please give details	

## Complete this part if you are completing this form on the Claimant's behalf

Full Name (inc. Title e.g. Mr /Mrs etc.):	
Address	
Postcode	
Relationship to Claimant:	

## Details of any witnesses to the incident

Full Name (inc. Title e.g. Mr /Mrs etc.):	
Address	
Postcode	
Relationship to Claimant:	

Full Name (inc. Title e.g. Mr /Mrs etc.):	
Address	
Postcode	
Relationship to Claimant:	

(Please use separate sheet for any additional witnesses)

## Defect Reporting

All claims require that a fault has been logged with the Council.

Please provide the Reference Number given to you when the defect was reported to Shropshire Council: (If the defect has not yet been reported please obtain a reference number before submission of this form):

<b>Reference Number:</b> <i>Note: The claim form will be returned to you if a reference number is not supplied</i>	
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## Details of Incident

Date:		Time:	
Location: Give road name, village/town, OS Grid Reference if known and sufficient description to identify the site (e.g. land mark, house number, distance from junction, what3words, etc			
How did the incident occur: (Please use a separate sheet if required)			
Please provide photographs of: <ul style="list-style-type: none"><li>The defect (with context to the surrounding area to allow the location of the defect to be identified)</li><li>The damage item(s)</li></ul> Please confirm when the photographs were taken and by whom.			
Please provide measurements of any defect with confirmation of when they were taken and by whom:			
Please give as much information as you can about the following:			
(a) Condition of highway surface (dry, wet, icy, etc)			
(b) What was the visibility like (clear, foggy, raining, snowing etc)			

Please provide a plan, map screen shot, or sketch map of the accident site (indicating direction of travel) and enclose photographs of the location if available

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Why do you believe Shropshire Council is responsible?

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Did you notify the police of the incident:  
YES / NO

If yes, please answer the following questions:

Which Station?

Name and/or Number of Officer to whom reported

Incident number

Date reported


**PLEASE COMPLETE THE RELEVANT SECTION(S)**

**Damage to Vehicles**

Type of vehicle (car, bike, motorbike etc.)		Make/Model	
Registration Number		Year	
Colour		Current market value of vehicle	
Details of Motor Insurer			
Insurance Certificate number:			
Details of modifications made to vehicle			
Name and address of registered owner if different from claimant			

Details of damage to vehicle	Replacement/ Repair Cost (£)	How old is this item

Please attach copies of invoices / receipts in support of your financial loss – original invoices / receipts should be retained by you but be available upon request.

**Damage to Property / Personal items**

Description of property / items and/or situation:

What item(s) have been damaged?	Replacement/ Repair Cost (£)	How old is this item

Please attach copies of invoices / receipts in support of your financial loss – original invoices / receipts should be retained by you but be available upon request.

If relevant please give details of insurer i.e. house insurers:

# Personal Injury

Details of injury, please state left or right where appropriate:
Hospital attended: YES / NO If Yes please state name, address and date attended
Doctors Surgery attended: YES / NO If Yes please state name, address and date attended Please note that a Doctor's or Hospital report may be required.
Did your injury prevent you from attending your workplace: YES / NO If Yes, please give details of the period you were off work

## Declaration

Please ensure that you have provided all the information relevant to your incident and read the notice below carefully before signing and returning this form. |

**Note: Insurance fraud is a criminal offence.**

The Claimant should sign below to declare that the information provided on this form is correct

Compensation claimed (£)	
Signed	
Name (printed)	
Date:	

To return by email:  
Insurance@shropshire.gov.uk

To return by post:  
Insurance Team  
Shropshire Council  
Shirehall  
Abbey Foregate  
Shrewsbury  
Shropshire  
SY2 6ND