

<b>Ref No.</b>
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**Third Party Claims Form**

This form is to assist Derbyshire County Council to investigate the incident and cannot be construed as an admission of liability on behalf of the Council for any injury or property damage that has occurred.

The information should be based on fact and be as complete as possible.

The processing on your claim may be delayed if all questions have not been answered fully.

**Form to be Completed by Claimant in Block Capitals**

**Details of Claimant**

Title: Mr/Mrs/Miss/Ms/Rev.....

Full Name: .....

Address: .....

.....

..... Postcode: .....

Date of Birth: ..... National Insurance No: .....

Employer's Name and Address: .....

.....

Occupation: .....

Tel. No. Work:..... Home: .....

Mobile: .....

E-mail Address: .....

Are you registered for VAT – Yes/No

If Yes, please provide VAT registration number .....

**If someone other than the claimant is completing this form, please state name, address and relationship to claimant.**

Title: Mr/Mrs/Miss/Ms/Rev .....

Full Name: .....

Address: .....

.....

Postcode: ..... Relationship: .....

**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. landmark, house number, distance from junction etc) .....

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Please give as much information as you can about the following:

a) Condition of highway surface (dry, wet, icy, etc)

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b) What was the visibility like, e.g. clear, foggy, raining, snowing etc)

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How did the incident occur: (Please use a separate sheet if required)

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Witness to the incident:

Name : ..... Name: .....

Address: ..... Address: .....


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Tel No: ..... Tel No: .....

Relationship to you: .....

(Please use separate sheet for any additional witnesses)

Please provide a plan or sketch map of the accident site (indicating direction of travel) and enclose photographs if available with details of when the photograph was taken and who by.



Did you notify the police of the incident? Yes/No

If so, to which station.....

Name and/or Number of Officer to whom reported .....

.....

Incident number: ..... Date reported: .....

Details of when and to whom the incident was reported to Derbyshire County Council.....

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Details of why you believe Derbyshire County Council is responsible: .....

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**Please Complete the Relevant Section(s)**

**Damage to Vehicles**

Type of vehicle:.....Make/Model:.....  
(eg Car, Lorry etc)

Registration No. ....Year: ..... Colour: .....

Current market value of vehicle: .....

Details of Motor Insurer: .....

.....

Please provide copies of the following documents:

Insurance certificate

MOT certificate (if required for the vehicle)

Name and address of registered owner if different from claimant: .....

.....

.....

<b>Details of Damage to Vehicle</b>	<b>Replacement Cost (£)</b>	<b>How old is this item?</b>

You must enclose copies of two independent estimates unless work was required immediately in which case please provide copy/copies of invoice(s) for the works carried out.

**Damage to Property/Personal items**

Description of property/items and/or situation: Please explain how the item came to be damaged.....

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<b>What Item(s) have been Damaged?</b>	<b>Replacement Cost (£)</b>	<b>How old is this item?</b>

Please attach estimates/receipts in support of your financial loss.

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: .....

.....

Attended Doctor's Surgery: Yes/No

If yes, please state name, address and date attended: .....

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Did your injury prevent you from attending your workplace: Yes/No

If Yes, please give details of the time you were incapacitated .....

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

**Anti-Fraud Notice – Please Read**

Derbyshire County Council has a responsibility to its council tax payers to ensure that all claims received are legitimate.

All legitimate claims are assessed individually and fairly and, only where the Council is to blame, will compensation be paid.

The council and its insurers have an anti-fraud system in place to assist them in detecting dishonest claimants and taking appropriate action.

This authority is under a duty to protect the public funds it administers and, to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, please see the Audit Commission web site – [www.audit-commission.gov.uk/nfi](http://www.audit-commission.gov.uk/nfi)

**Insurance Fraud is a Criminal Offence**

Please sign below to declare that the information you have provided on this form is correct.

Signed: ..... Date: .....

Please return this form to: Derbyshire County Council  
Environmental Services Department  
Insurance Team  
County Hall  
Matlock DE4 3AG