

## Insurance Section

Huntingdonshire District Council  
Pathfinder House  
St Mary's Street  
Huntingdon  
Cambs  
PE29 3TN  
Tel:01480 388159  
E-mail: [insurance@huntingdonshire.gov.uk](mailto:insurance@huntingdonshire.gov.uk)



### Questionnaire to assist in the consideration of any claim for compensation

In order that your claim may be considered, please complete and send this form to the above address.

**Please complete in black ink and blockcapitals.**

**The issue of this form, by Huntingdonshire District Council, does not imply an admission of liability or an agreement to pay compensation.**

#### The Claimant

Name:	Date of Birth:
Address:	Occupation (if any):
	e-mail address:
Tel No (Private):	(Business):
Tel No (Mobile):	National Insurance No:

#### The Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Place (Location in relation to a fixed land mark, i.e. street lamp number or house number):

State fully how the injury/loss/damage occurred (additional space is provided on page 2; please provide a sketch plan on page 3).

Were there any witnesses to the incident? If so, please give their name(s), address and phone number if known.

Was the incident reported to the Police? If so, please give address of station and the name and number of the Police Officer:

Weather conditions at the time of the incident:

**Additional Information**

Signed:

Date:

**Sketch Plan**

Name:

**Please show direction of travel.**

Signed:	Date:
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**Details of claim – To avoid delays please could you ensure that all relevant sections are completed where applicable.**

**Section A - Injury**

Have you suffered any personal injuries:  Yes  No (If yes, please give full details of injury and treatment received if applicable)

If you attended a doctor or hospital for treatment, please give the name and address of the doctor or hospital, hospital number and sign the authority form on page 6.

**Section B - Earnings**

Have you suffered any loss of earnings  Yes  No (If yes, please give the following details **and** sign the authority on page 6 – **if you do not sign this then the authority cannot investigate your claim**).

Period of absence: From: / / To: / /

Name and address of employer:

Clock/Works No: National Insurance No:

Were benefits claimed from Department for Works and Pensions for the period of sickness e.g. Incapacity Benefit?  Yes  No

If yes, please give the address of the from Department for Works and Pensions Office:

**Section C – Motor Vehicle**

Was your vehicle damaged  Yes  No (if yes, please give details).

Make: Model:

Year of Manufacture: Registration No:

State the nature of the damage. (If your claim includes an amount for damage to a tyre(s) or exhaust, please state approximately how many miles the damaged tyre(s) or exhaust had covered at the time of the accident):

(If repair invoice or estimate is available, please include a copy)

Please indicate where the vehicle can be inspected or who can be contacted to arrange an inspection, should this prove to be necessary:

Are you the legal owner of the vehicle  Yes  No (If you are not the legal owner of the vehicle, please give the owner's name and address):

Who (if anybody) was driving the vehicle at the time of the incident?

Please give the name(s) and address (es) of any passengers in your car at the time of the accident and their relationship to you:

If any passenger(s) suffered injury, please give details:

Have you told the insurers of the vehicle about this incident? If so, please give their name, address and any reference or Policy numbers:

Is your vehicle insured: D Comprehensive D Third Party Basis

**Section D - Buildings**

Was your property damaged: D Yes D No

Address of Property:

Type of Property (e.g. flat, house, etc.):

Nature of damage (please also include details of any damage to the contents of the building):

When was the damaged first observed:      Time:                      a.m./p.m.      Date:                      /                      /

If you are not the owner of the property, please give the owner's name and address or landlord details:

(If a repair estimate or invoice is available please attach a copy).

Have you told the insurers of the building about this matter? If so, give their name, address and any reference or Policy numbers:

**Section E – Other Expenses**

Have you suffered any other loss e.g. damaged clothing, prescription charges? D Yes D No (If yes, please give details, Please attach a copy of any estimates/invoices where appropriate).

Item (s):	Original Cost:	Approx age of item:	Replacement:

**Earnings Authority**

I hereby authorise my employer to release to Huntingdonshire District Council or their representative details of my earnings prior to and subsequent to an incident on ...../...../.....in respect of which I have made a claim against Huntingdonshire

Signed:

Date:

**Medical Report Authority**

I hereby authorise you to release to Huntingdonshire District Council or their representative details of all injuries, which I sustained, and treatment given to me as a result of an incident on ...../.../... in respect of which incident I have made a claim against Huntingdonshire District Council.

In addition I authorise you to disclose my relevant previous general and medical history.

Signed:

Date:

Full Name:

Date of Birth:

By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief. I am aware that the local authority can check the information that I have given in this form with information that I have provided to other departments within the Council for the prevention and detection of fraud (the authority is able to share information with other departments in accordance with Section 29(3) of the Data Protection Act 1998). I know that I am liable to prosecution if I have provided the authority with information that I know to be false.

PLEASE SIGN AND DATE THIS FORM, TOGETHER WITH THE AUTHORITIES ABOVE IF APPLICABLE.

Signed:

Date:

Please keep a copy for your own personal records

**Privacy Notice**

All personal information that you provide us is managed in accordance with our Privacy Policy. Please visit the [Privacy Notice](#) on our website where you can find out information about how we handle your information and your rights of access.