

Ref No. /.....

HIGHWAYS INCIDENT REPORT

This form is to assist Herefordshire 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 decision on your claim may be delayed if all questions have not been answered.

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:

Employers 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:

Witnesses

Name: Name:

Address: Address:

.....

Tel. No.: Tel. No.:

Relationship to you:

(Please use separate sheet for any additional witnesses)

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 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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PLEASE COMPLETE THE RELEVANT SECTION(S)

Damage to Vehicles

Type of vehicle: Make/Model:
(e.g. car, lorry etc)

Registration No 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:
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Details of damage to vehicle	Replacement Cost (£)	How old is this item

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

Damage to Property/ Personal items

Description of property/items and/or situation:
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What Item(s) have been damaged?	Replacement Cost (£)	How old is this item

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

If relevant please give details of insurer i.e. house insurers:
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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 Doctors Surgery: YES/NO

If yes please state name, address and date attended:

Did your injury prevent you from attending your workplace: YES/NO

If YES please give details of the time you were incapacitated.....

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

HEREFORDSHIRE 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 WHERE THE COUNCIL IS TO BLAME COMPENSATED AS QUICKLY AS POSSIBLE.

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

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:
Income Manager,
Amey Herefordshire,
Unit 3, Thorn Business Park,
Rotherwas
Hereford, HR2 6JT**