

INSURANCE INCIDENT REPORT FORM

The issue of this form or the acceptance of it when completed cannot be taken as meaning that Charnwood Borough Council accepts any responsibility for the incident recorded or for the consequences of such. The Council can only be seen to be responsible where it is proved that injury/damage/loss was caused by its negligence or for breach of statutory duty.

1. Details of Injured Person or Owner of Damaged Property

Title	
Initials	
Surname	
Property No\Name	
Street	
Town\Village	
County	
Postcode	
Contact Telephone Number	
Email Address:	

2. Details of the Incident

Date		Time (approx)	
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State fully how the incident happened

Location of the Incident

Property No\Name	
Street	
Town\Village	
County	
Postcode	

3. Evidence

Do you have any photographs of the location or damage? If so, please forward copies	Yes		No	
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4. Previous Reports of the Incident:

Have you reported this incident previously to the Council? If so, please advise the following (if known)	Yes		No	
Name of Officer/Service Area reported to				
Date Reported				

5. Details of Injuries:

What injuries have you sustained?

6. Details of Damaged Property:

Description of Item	Amount Claimed

7. Why do you believe that the Council is to blame for this incident?

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8. Any other relevant information

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9. Witnesses

Were there any witnesses?	Yes		No	
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If yes, please provide details below:

Name	
Address	
Relationship to Injured Person or Owner of Damaged Property	

Please continue on a separate sheet if there are additional witnesses.

Declaration

I certify that the information I have given is true to the best of my knowledge and belief.

I understand that by submitting this form my personal information, including special category data, may be shared with relevant third parties (such as the Council's insurers) in respect of the processing of any claim arising from the reported incident as set out in the Council's Privacy Notice. The Privacy Notice can be viewed at [www.charnwood.gov.uk/pages/privacynotice.](http://www.charnwood.gov.uk/pages/privacynotice)

Name	
Signature	
Date	

Please return the completed form to:

Insurance Officer
Audit & Risk
Charnwood Borough Council
Southfields
Loughborough, Leics. LE11 2TX
Email: insurance@charnwood.gov.uk