



Claim Ref: \_\_\_\_\_

## DETAIL OF ACCIDENT FORM

October 2023

*If you wish to claim for an incident which has caused loss or damage to property, and/or personal injury, you should complete and return this form.*

**ISSUE AND COMPLETION OF THIS FORM SHOULD NOT BE CONSTRUED AS AN ADMISSION OF LIABILITY ON THE PART OF BRENT COUNCIL AND DOES NOT MEAN THAT YOU WILL AUTOMATICALLY RECEIVE COMPENSATION.**

*All information is requested in order to comply with the protocols laid down in the Civil Procedure Rules*

***Please use BLOCK CAPITALS and complete all sections. Incomplete forms will delay the processing of your claim.***

### **SECTION 1 – PERSONAL INFORMATION**

Title: Mr / Mrs / Miss / Ms / Dr (please circle) Other: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Contact Telephone Number: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number

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***The council carries out checks to prevent and detect fraud. If fraud is detected, you could be refused certain services, finance or employment. The personal information we have collected from you will be shared with fraud prevention agencies. Further details of how your information will be used by us, fraud prevention agencies, and your data protection rights, can be found here:- [www.brent.gov.uk/fraud](http://www.brent.gov.uk/fraud) ; <https://www.cifas.org.uk/fpn> and <https://www.brent.gov.uk/privacy>***

### **SECTION 2 – PARTICULARS OF INCIDENT**

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident: \_\_\_\_\_ am / pm

Exact location of incident:

***Please be as detailed and precise as you can; include any relevant road or street names, shop or house numbers, and any landmarks or features. (e.g. "Willesden High Road opposite Sainsbury's" "Outside No 23" Happyplace junction with Sunshine Avenue")***

\_\_\_\_\_

\_\_\_\_\_

Please provide full details of the incident: *(continue overleaf if necessary)*

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Please provide a sketch plan of the incident:

Please provide a long shot photograph of the area together with the defect and a close up a photograph of the defect, marking an X on the defect.

Photographs attached YES/NO?

Why do you believe Brent Council is at fault?

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Were you previously aware of the alleged defect? Yes / No (Delete as appropriate)

On what date(s) was the defect reported? \_\_\_\_\_  
\_\_\_\_\_

On what date(s) were repairs undertaken? \_\_\_\_\_  
\_\_\_\_\_

Pictures of the defect attached? Yes / No (Delete as appropriate)

Measurement of defect: \_\_\_\_\_ How was defect measured? \_\_\_\_\_

**If yes**, did you inform the Council? Yes / No (Delete as appropriate)

**SECTION 3 – DETAILS OF ANY INJURY**

Please describe any personal injury that you have sustained: *(continue overleaf if necessary)*

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**SECTION 4 – DETAILS OF ANY DAMAGE/LOSS TO PROPERTY/VEHICLE**

<u>Item</u>	<u>Cost</u>	<u>Date of Purchase</u>	<u>Invoice/Repair Estimate attached?</u>

If driving, what speed you were travelling at when the incident occurred? \_\_\_\_\_ mph

Vehicle Registration No: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Are you the registered owner? Yes / No (Delete as appropriate)

**WHERE POSSIBLE, PLEASE ENCLOSE RECEIPTS.**

**WE MAY REQUIRE DAMAGED ITEMS TO BE BROUGHT TO THE OFFICE IF YOUR CLAIM IS SUCCESSFUL.**

**SECTION 5 – WEATHER CONDITIONS**

**VISIBILITY:**

- |  |   |
|--|---|
| Good <input type="checkbox"/>            | Poor <input type="checkbox"/>             |
| Daylight (Good) <input type="checkbox"/> | Daylight (Poor) <input type="checkbox"/>  |
| Lamp posts lit <input type="checkbox"/>  | Lamp posts <input type="checkbox"/> unlit |

**ROAD/FOOTPATH CONDITIONS:**

- |                              |                               |
|------------------------------|-------------------------------|
| Dry <input type="checkbox"/> | Snow <input type="checkbox"/> |
| Wet <input type="checkbox"/> | Ice <input type="checkbox"/>  |
| Fog <input type="checkbox"/> |                               |

**SECTION 6 – CONTRACTORS**

If the incident occurred because of work carried out by a contractor, please provide the name of the contractor if known:

**SECTION 7 – WITNESSES**

Were there any witnesses to the incident? Yes / No (Delete as appropriate)

*If yes, please supply their details as we may need to approach them for a statement.*

Witness 1

Witness 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone \_\_\_\_\_

## **SECTION 8 – INSURANCE**

Do you have separate house contents insurance or vehicle insurance which would cover this claim?

Yes / No

If yes, have you made a claim to your insurers?

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## **SECTION 9 – ANY OTHER RELEVANT COMMENTS YOU WISH TO MAKE (continue on additional sheets if necessary)**

## **SECTION 10 – DECLARATION**

### **PERSONS WHO MAKE FRAUDULENT CLAIMS ARE LIABLE TO PROSECUTION UNDER THE FRAUD ACT 2006**

***“The details that I have supplied are honest, truthful, and accurate to the best of my knowledge and belief; they will be relied upon in support of my claim.”***

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Data Protection Act 1998 / GDPR DATA PROTECTION ACT 1998**

The information you have provided to Brent Council will be used to enable the council to process your claim. The Council's Data Protection Officer can be contacted via [dpo@brent.gov.uk](mailto:dpo@brent.gov.uk) or 020 937 1402.

The information will be shared with external claims handlers and solicitors. The information shall be retained for 6 years and shall be processed in adherence to your legal rights under the Data Protection Act 1998 and the GDPR. You have a right to ask for a copy of the information about you held by us in our records, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten.

If you are dissatisfied with the processing of your information, you can raise your concern with the council's Data Protection Officer. You have a right to lodge a complaint with the Information Commissioner's Office. ([www.ico.org.uk](http://www.ico.org.uk)). Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)

Please return your completed claim form to:

Insurance Team  
Brent Civic Centre  
Engineers Way  
Wembley  
HA9 0FJ

[insurance@brent.gov.uk](mailto:insurance@brent.gov.uk)