

Notice of claim form

Important information

Please take a few minutes to read the information below as it contains important information relating to your claim

- Please read the **Highway Claims** information page which accompanies this form before completing it. You can find this on our website via <https://www.northyorks.gov.uk/roads-parking-and-travel/roads-and-pavements/highway-claims>
- Claims made against the council are not automatically paid; all claims received are investigated. Unfortunately incidents do occur, however, very few are actually attributable to negligence on the part of the highway authority. The majority of claims brought against North Yorkshire Council are successfully defended.
- This form is issued to allow your claim to be fully investigated. The issue of this form does not imply any liability, nor that any payment will be made in respect of the claim. You may wish to consider claiming against your motor insurance.
- This form is not accepted as notification of a defect. To notify us of a defect on the highway you must use <https://www.northyorks.gov.uk/roads-parking-and-travel/roads-and-pavements/potholes-and-road-condition-issues> or if you think this may be an emergency situation call 0300 131 2 131.
- Persons who make fraudulent claims are liable to prosecution and any suspected fraud will be fully investigated.
- If the claimant is less than 18 years of age (a minor), a parent / guardian will need to complete and sign the form.
- If your claim involves a defect on the highway that results in subsequent repair, this does not imply an acceptance by the North Yorkshire Council for the claim.
- Please complete the form **in block capitals** and provide as much information as possible including photographs. Failure to complete this form and provide all the relevant information will mean the investigation of your claim will be delayed.
- If you have any queries concerning your claim please contact North Yorkshire Council on 0300 131 2 131 and ask to speak to the Insurance and Risk Management Section or email insuranceandriskmanagement@northyorks.gov.uk
- You are required to keep your losses to a minimum in relation to claims involving damage to property. You must enclose copy/copies of invoice/s for the works carried out.

Return your completed form to:

Insurance & Risk Management Service
North Yorkshire Council
County Hall
Northallerton
North Yorkshire
DL7 8AL

Or email your completed form to insuranceandriskmanagement@northyorks.gov.uk

If you would like this information in another language or format such as Braille, large print or audio, please ask us.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو براۓ مہربانی ہم سے پوچھئے۔

Aby otrzymać te informacje w innym języku lub formacie, np. w alfabecie brajla, w wersji dużym drukiem lub audio, prosimy się z nami skontaktować.



(0300 131 2 131)  communications@northyorks.gov.uk

Section one: Claimant

| | | | |
|-----|-----------------|------------|-----------------|
| 1.1 | Title: | Full name: | |
| | Address: | | |
| | Daytime tel no: | | Alternative no: |
| | Email address: | | |

| | | | |
|-----|---|------------|--|
| 1.2 | If someone other than the claimant is completing this form please state the following | | |
| | Title: | Full name: | |
| | Address: | | |
| | Relationship to claimant: | | |

Section two: Particulars of the incident

Please support with photographs and maps if available

| | | |
|-----|-------------------|-------------------|
| 2.1 | Date of incident: | Time of incident: |
|-----|-------------------|-------------------|

| | | | |
|-----|--|---------------|-----------------------------|
| 2.2 | Location of incident: | | |
| | Road name: | Village/Town: | OS Grid ref: What3Words: |
| | Please provide maps/ drawings/photographs of the location or further detail to help locate the incident for example, direction of travel, land marks, distance from junction in this space | | |
| | Location conditions at the time of the incident: Condition of highway surface? <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy Visibility? <input type="checkbox"/> Clear <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing Were road works present? <input type="checkbox"/> Yes <input type="checkbox"/> No Other details you wish to provide: | | |

| | | |
|---|---|-----------|
| 2.3 | How did the incident occur? | |
| | What do you believe was the cause of the incident? Please supply height / depth of defect | |
| | Footpath - Slabs | cm/inches |
| | Footpath - Uneven surface | cm/inches |
| | Footpath – Repairs | cm/inches |
| | Footpath – Drain cover | cm/inches |
| | Carriageway – Pothole | cm/inches |
| | Carriageway – Uneven surface | cm/inches |
| | Carriageway - Repairs | cm/inches |
| | Ice/Snow on road or carriageway | cm/inches |
| Vegetation | cm/inches | |
| Why do you think the council is at fault? | | |

| | | |
|-----|--|------------------------------|
| 2.4 | When did you report the incident to the council? | Date: |
| | | Reference number: |
| | Did you notify the police of the incident? | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |

| | | | |
|-----|---------------------------------------|--|---|
| 2.5 | Were there witnesses to the incident? | <input type="checkbox"/> Yes - complete below | <input type="checkbox"/> No - Section 3 |
| | Witness name: | | |
| | Address: | | |
| | Is witness known to you? | <input type="checkbox"/> Yes - State relationship: | <input type="checkbox"/> No |
| | Witness name: | | |
| | Address: | | |
| | Is witness known to you? | <input type="checkbox"/> Yes - state relationship: | <input type="checkbox"/> No |

Section three: Personal injury claims

| | | | |
|-----|--|---|---|
| 3.1 | Details of injuries (Please indicate left or right as appropriate) | | |
| | Did you seek medical assistance? | <input type="checkbox"/> Yes - complete below | <input type="checkbox"/> No - Section 3.2 |
| | Detail the names and addresses of all hospitals, NHS trusts and GPs in order of attendance | | |
| | 1) | | |
| | 2) | | |
| 3) | | | |

| | | | | |
|-----|--|--------------------------|---|---|
| 3.2 | Did injury result in time off work and loss of earnings? | | <input type="checkbox"/> Yes - complete below | <input type="checkbox"/> No - Section 4 |
| | What was your period of absence? | Start date: | Return date: | |
| | Occupation: | Employee payroll number: | | |
| | Employer and address: | | | |
| | Please confirm your weekly net earnings | | | |
| | National Insurance Number: | | Date of birth: | |

Section four: Vehicle damage claims

Please include copies of your current motor certificate and vehicle registration document

| | | | |
|-----|--|------------------------------|-----------------------------|
| 4.1 | Make of vehicle: | Model: | |
| | Registration no: | Mileage: | |
| | Date of last service: | Date of last MOT: | |
| | Name and address of registered owner if different from claimant: | | |
| | Are you VAT registered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|-----|--|------------------------------|-----------------------------|
| 4.2 | Name and address of motor insurer: | | |
| | Policy/Certificate no: | Extent of cover: | |
| | Have you informed your insurers you intend to claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|-----|-----------------------------------|---|---|---|
| 4.3 | Was there damage to a tyre/wheel? | | <input type="checkbox"/> Yes - complete below | <input type="checkbox"/> No - Section 4.4 |
| | Age of damaged tyre: | Depth of tread remaining in damaged tyre: | | |

| | | | | |
|-----|--|----------------------|--|--|
| 4.4 | Please complete below for any damage incurred: | | | |
| | Description of damage | Cost of replacement? | Age of item? | Are invoices attached? |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section five: Property and personal property claims

| | | | | |
|-----|--|---|--|------------------------|
| 5.1 | Was damage to a house/building? | <input type="checkbox"/> Yes - complete below | <input type="checkbox"/> No - Section 5.2 | |
| | Are you the owner of the house/building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | Type of property: | | | |
| | Address of property (if different to above): | | | |
| | When was the damage first observed? | Date: | Time: | |
| | Please complete below for any damage incurred: | | | |
| | Description of damage | Cost of replacement? | Age of item? | Are invoices attached? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|-----|---|----------------------|--|--|
| 5.2 | Please complete below for any damage/ loss of personal property incurred: | | | |
| | Description of damage | Cost of replacement? | Age of item? | Are invoices attached? |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|-----|--|------------------------------|-----------------------------|
| 5.3 | Name and address of insurer: | | |
| | Policy/Certificate no: | Extent of cover: | |
| | Have you informed your insurers you intend to claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section six: Declaration

- The information I have given on this form is true and complete.
- I am aware that the local authority can check the information that I have given in this form with a number of national registers which have been established to combat fraudulent claims. I know I am liable to prosecution if I have provided the authority with information that I know to be false.
- I understand that in order to process my insurance claim the authority may share my information with their appointed claims handlers and insurers. For further details see the insurance and risk privacy notice here www.northyorks.gov.uk/privacy-notices

Please sign below to declare that the information you have provided on this is correct and that you consent to the use of your personal data as outlined above and in the privacy notice.

| | | | |
|--|---|--------------------------|--------------------------|
| Signed: | | Date: | |
| Enclosures checklist (please send copies) | | Yes | No |
| <input type="checkbox"/> | Completed application form | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Location map and photographs of defect and surrounding area | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Photographs of damage | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Insurance certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Vehicle registration document/ proof of ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of paid repair invoices | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Please return form to: Insurance & Risk Management Service, North Yorkshire Council County Hall, Northallerton, North Yorkshire, DL7 8AL</p> <p>Or email your completed form to insuranceandriskmanagement@northyorks.gov.uk</p> | | | |