
Public Liability Insurance Claim Form

Form to be completed by claimant in full

Details of claimant

Title	
Name	
Address	
Postcode	
Date of birth	
NI number (injury claims only)	
Email address	
Occupation	
Are you registered for VAT?	Yes/No If Yes, please provide VAT registration number:
Primary telephone	
Secondary telephone (optional)	



Elmbridge
Borough Council

If someone other than the claimant is completing this form, please state their name and relationship to the claimant.

Title	
Name	
Address	
Postcode	
Email address	
Relationship to you	

Details of incident

Date	
Time	

Please fully describe the circumstances of the incident:

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Witnesses

Witness 1:

Title	
Name	
Address	
Postcode	
Email address	
Relationship to you	

Witness 2:

Title	
Name	
Address	
Postcode	
Email address	
Relationship to you	

Please give as much information as you can about the following:

Details of when and to whom the incident was reported to Elmbridge Borough Council

Date reported	
Name	
Enquiry or reference number	

Details of why you believe Elmbridge Borough Council is responsible:

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Please complete the relevant section

Section 1 - Damage to property / personal items

Exact location, description and cost of incident

Road name	
Village/town	
Landmark/house number	
What item(s) have been damaged?	
Original purchase price and date of purchase	
Amount claimed (£)	
Other useful information	

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

Without this information we may not be able to progress your claim.

Section 2 - Personal injury

Description of injury (please use a separate sheet if required):

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Location of injury (include photographs):

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Hospital / doctors' surgery attended?

Yes/No

If Yes, please state name, address and date attended

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Did your injury prevent you from attending your workplace?

Yes/No

If Yes, please give details of the time you were incapacitated

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Section 3 - Damage to vehicle

About the vehicle

Type of vehicle	
Make	
Model	
Vehicle registration	
Year	
Colour	
Current mileage	
Current market value	

Insurance details

Insurance certificate number	
Details of motor insurer and contact details	

Incident details

Details of damage to vehicle	
Condition of highway surface? (dry, wet, icy etc)	
What was the visibility like? (clear, foggy, raining, snowing etc)	
How did the incident occur? (Please use a separate sheet if required.)	

Please provide a map of the accident site showing exact incident location (indicating direction of travel) and enclose photographs.

Police incident details

Did you notify the police of the incident?	Yes/No If Yes, answer the questions below.
Which station?	
Name and/or number of officer to whom reported	
Incident number	
Date reported	

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.

Elmbridge Borough Council has a responsibility to its Council taxpayers to ensure that all claims received are legitimate and is also under a duty to protect the public funds it administers. All legitimate claims are assessed individually and fairly. The council and its insurers have an anti-fraud system in place to assist them in detecting dishonest claimants and taking appropriate action.

To aid in this duty, we may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

All information given by you, or otherwise obtained during the claims process, in connection with your claim, will be held by Elmbridge Borough Council in accordance with the Data Protection Act 2018 (the 'Act').

In order to deal with your claim, it may be necessary to share this information with other interested parties. These parties include (but are not limited to) our insurers and their representatives, our sub-contractors and their insurers and representatives. By signing the below declaration, you agree to this sharing of information, solely for the use of dealing with your claim.

Insurance fraud is a criminal offence.

Declaration

I agree that the provided information, to the best of my knowledge, is true, and that I agree to the Anti-Fraud and Data Protection statement above.

Signed	
Date	

Checklist

Have you included?	Please tick
Marked map	
Estimates/invoices/receipts	
Situational photos of incident location	
Photos showing damaged item/items	
Photos of issue causing incident	

Please return this completed form to: insuranceclaims@elmbridge.gov.uk