

## **Public Liability Claim Form**

This form is to be completed for claims for injury and property damage.

Issue of this form is not an admission of liability by the council. There is no automatic right to compensation and the council will only pay claims where there is evidence of negligence or a breach of statutory duty by the council or its employees. The circumstances of all claims are fully investigated.

The council will not consider claims that are as a result of the negligence of contractors.

If you are a council tenant claiming under your house contents insurance policy arranged through the Tenants Contents scheme, this claim form should not be used. Contact the Rent Support team for the insurance company contents claim form.

The council recommends that all Tenants and Leaseholders have in place their own household contents insurance cover.

Claims may be dealt with directly by the council or by the councils Public Liability insurers.

### **Notes on making a Claim:**

- Please read this form carefully before completing it.
- The form must be completed in full. Please write in block capital letters but sign the form in your usual handwriting.
- It is the responsibility of the claimant to prove their loss and to provide satisfactory evidence of their loss to the council. The council reserves the right to decline claims where there is none or insufficient evidence for the items claimed.
- If the council's contractors have caused the damage, the claimant must notify the contractor in writing. The council accepts no responsibility or liability for damage caused by contractors.
- All claims must be notified to the council as soon as possible.
- If you have difficulty completing this form, please contact your Estate Officer or Patch Manager for assistance. Alternatively you can seek advice or assistance from the Citizens Advice Bureau or your local Community Law Centre.

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

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**SECTION 1 – PERSONAL INFORMATION**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

**DAYTIME** Contact Telephone Number: \_\_\_\_\_

*Details of your date of birth and National Insurance number **MUST** be provided if you have suffered any injury.*

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a council tenant? Yes / No  
(Please delete as appropriate)

Are you a council leaseholder? Yes / No  
(Please delete as appropriate)

National Insurance Number: 

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**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. "opposite Sainsbury's" "Outside No 23" "Euston Road junction with York Way")

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a sketch plan of the incident:

Why do you believe the London Borough of Camden is at fault?

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

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

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

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

If the damage is caused by a leak from another property, state the address where the leak originated from. \_\_\_\_\_

Have you enclosed any photographs of the alleged defect? Yes / No (Delete as appropriate)

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

**SECTION 3 – DETAILS OF ANY INJURY**

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

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Were there any witnesses to the incident?  
If yes, please supply their details as we may need to approach them for a statement.

Yes / No (Delete as appropriate)

**Witness 1**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

**Witness 2**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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**SECTION 8 – INSURANCE**

Do you have separate house contents insurance or vehicle insurance which would cover this claim? Yes / No (Delete as appropriate)

If yes, have you made a claim to your insurers? Yes / No (Delete as appropriate)

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**SECTION 9 – ANY OTHER RELEVANT COMMENTS YOU WISH TO MAKE** *(continue overleaf if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 10 – DECLARATION**

**PERSONS WHO MAKE FRAUDULENT CLAIMS ARE LIABLE TO PROSECUTION**

In considering your claim the council or its insurers may share information about you with other organisations and public bodies including the Police. We may also check with fraud prevention agencies and databases. If you provide false or inaccurate information and we suspect fraud we will record this.

We are legally required under section 6 of the Audit Commission Act 1998 to participate in the National Fraud Initiative Data Matching Exercise (NFIDME). The data held by the London Borough of Camden will be used for cross-system and cross-authority comparison for the prevention and detection of fraud.

I declare to the best of my knowledge that all the answers are true and correct.

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

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

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**PLEASE RETURN THE COMPLETED FORM AS SOON AS POSSIBLE TO:**

**London Borough of Camden  
Insurance Section  
Crowndale Centre, 218 Eversholt Street, Camden, London, NW1 1BD  
Or via email to: [finance.insurance@camden.gov.uk](mailto:finance.insurance@camden.gov.uk)**