

# INSURANCE CLAIM FORM

Please return completed form to:  
Torfaen County Borough Council, Resources Department,  
Insurance Section, Civic Centre, Pontypool, Torfaen. NP4 6YB  
Email: insurance@torfaen.gov.uk



The information below is requested entirely without prejudice to the question of liability.

PLEASE WRITE CLEARLY, IN BLOCK CAPITALS AND ANSWER **ALL** APPLICABLE QUESTIONS.  
PLEASE ALSO PROVIDE PHOTOGRAPHS OF THE INCIDENT LOCATION, SHOWING USEFUL  
LANDMARKS TO HELP IDENTIFY THE AREA.

PLEASE NOTE: If detailed information is **NOT** provided this may cause delay in the investigation of the claim.

## A. CLAIMANT DETAILS

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

IF YOU WOULD LIKE US TO CORRESPOND WITH YOU VIA EMAIL, PLEASE PROVIDE AN E-MAIL ADDRESS:

\_\_\_\_\_

(IF COMPLETING THIS ON BEHALF OF SOMEONE ELSE, PLEASE ENTER YOUR DETAILS BELOW)

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

YOUR RELATIONSHIP TO THEM:

Please ensure all further information relates to this person.

## B. INJURY DETAILS (COMPLETE IF PERSONAL INJURY WAS SUSTAINED)

MAIDEN NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ NATIONAL INSURANCE NUMBER: \_\_\_\_\_

NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

WORKS / PAYROLL NO: \_\_\_\_\_ ABSENT FROM WORK?  YES  NO

NUMBER OF DAYS ABSENT: \_\_\_\_\_

INJURIES SUSTAINED: \_\_\_\_\_  
\_\_\_\_\_

MEDICAL ATTENTION SOUGHT?  YES  NO DATE ATTENDED: \_\_\_\_\_

DETAILS OF GP SURGERY OR HOSPITAL ATTENDED: \_\_\_\_\_





**D. WITNESS DETAILS**

NAME AND ADDRESS OF ANY WITNESSES: \_\_\_\_\_

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

DID ANY OF THE POLICE, FIRE OR AMBULANCE SERVICES ATTEND? IF SO, SUPPLY NAME AND IDENTITY NUMBER OF ATTENDING OFFICERS AND ADDRESS OF THEIR HOME STATION(S) AND ANY REFERENCE NUMBERS GIVEN:

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

**E. ABOUT THE DAMAGE / LOSS**

DETAIL EACH ITEM DAMAGED (Including nature and extent of loss):

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

If appropriate, please provide date of purchase, price paid etc. together with receipts if available. \_\_\_\_\_

**(CONTINUE IF ANY COUNCIL VEHICLES WERE INVOLVED, OTHERWISE PROCEED TO SECTION F) PLEASE PROVIDE 2 ESTIMATES FOR REPAIR TO YOUR VEHICLE**

YOUR VEHICLE REGISTRATION NUMBER: \_\_\_\_\_

Please ensure you provide valid insurance details in section F.

TYPE OF VEHICLE (make / model): \_\_\_\_\_

REGISTRATION NUMBER OF COUNCIL VEHICLE (if appropriate): \_\_\_\_\_

DETAILS OF DAMAGE SUSTAINED: \_\_\_\_\_

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

HAVE REPAIRS BEEN CARRIED OUT?  YES  NO



**F. ADDITIONAL INFORMATION**

ANY INFORMATION YOU CONSIDER RELEVANT:

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ARE YOU INSURED AGAINST THE DAMAGE / LOSS ALLEGED?  YES  NO

**IF YES:** IT IS SUGGESTED THAT YOU REFER THE CLAIM TO YOUR INSURER FOR SETTLEMENT.  
PLEASE CONFIRM THE COMPANY NAME, ADDRESS, POLICY NUMBER AND CLAIMS REFERENCE:

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**G. IMPORTANT INFORMATION**

DURING THE PROCESSING OF THIS CLAIM, THE INFORMATION PROVIDED ABOVE MAY BE SUPPLIED TO INSURERS, CLAIMS HANDLERS AND SOLICITORS WHO MAY BE APPOINTED IN ORDER THAT THE CLAIM CAN BE DEALT WITH IN ACCORDANCE WITH CURRENT CIVIL LITIGATION PROCEDURES.

THE AUTHORITY IS UNDER A DUTY TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS AND TO THIS END MAY USE THE INFORMATION YOU HAVE PROVIDED ON THIS FORM FOR THE PREVENTION AND DETECTION OF FRAUD. IT MAY ALSO SHARE THIS INFORMATION WITH OTHER BODIES RESPONSIBLE FOR AUDITING OR ADMINISTERING PUBLIC FUNDS FOR THESE PURPOSES. FOR FURTHER INFORMATION SEE:

<http://www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/National-Fraud-Initiative/National-Fraud-Initiative.aspx>

**CLAIMANTS WHO ARE FOUND TO PROVIDE FALSE INFORMATION OR PURSUE FRAUDULENT CLAIMS MAY BE LIABLE TO PROSECUTION.**

**H. DECLARATION**

I CERTIFY THAT I HAVE READ AND UNDERSTAND SECTION G.

I ALSO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE:

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAE'R DDOGFEN HON AR GAEL YN GYMRAEG**  
**THIS DOCUMENT IS AVAILABLE IN WELSH**