

## 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 **Guide to Understanding Highway Claims** which accompanies this form before completing it. You can find this on our website via [www.northyorks.gov.uk/highwayclaims](http://www.northyorks.gov.uk/highwayclaims)
- Before making a claim against the Council it is advisable to consider the likelihood of your claim being successful. Please be aware that over the last 5 years 87% of all public liability claims against the Council have been 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 notify us via the [www.northyorks.gov.uk/transportandstreets](http://www.northyorks.gov.uk/transportandstreets) or if you think this may be an emergency situation call 0845 8 72 73 74.
- 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 County 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 County Council on 0845 8 72 73 74 and ask to speak to the Insurance and Risk Management Section or email [insurance@northyorks.gov.uk](mailto:insurance@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  
North Yorkshire County Council  
Room B15  
County Hall  
Northallerton  
North Yorkshire  
DL7 8AL

Or email your completed form to [insurance@northyorks.gov.uk](mailto:insurance@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 otrzymania te informacje w innym j zyku lub formacie, np. w alfabecie brajla, w wersji du ym drukiem lub audio, prosimy si z nami skontaktowa .



(01609)

780780

[communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk)

**Section One: Claimant**

<b>1.1</b>	<b>Title:</b>	<b>Full Name:</b>
	<b>Address:</b>	
	<b>Daytime Tel No:</b>	<b>Email Address:</b>
	<b>Date of Birth:</b>	<b>National Insurance Number:</b>

<b>1.2</b>	<b>If someone other than the claimant is completing this form please state the following</b>	
	<b>Title:</b>	<b>Full Name:</b>
	<b>Address:</b>	
	<b>Relationship to Claimant:</b>	

**Section Two: Particulars of the Incident**

**Please support with photographs and maps if available**

	<b>Date of Incident:</b>	<b>Time of Incident:</b>	am/pm (please delete)
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	<b>Location of incident:</b>		
	<b>Road Name:</b>	<b>Village/Town:</b>	<b>OS Grid Ref:</b>
	<b>Provide maps/ drawings/photographs of the location or further detail to help locate the incident e.g. direction of travel, land marks, distance from junction in this space</b>		

<b>Location conditions at the time of the incident:</b>			
Condition of highway surface?	Dry	Wet	Icy
Visibility?	Clear	oggy	Raining      Snowing
Were road works present?	Yes	No	
Other details you wish to provide:			

<b>How did the incident occur?</b>	
<b>What do you believe was the cause of the incident? Please supply height/ depth of defect</b>	
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	
<b>Why do you think the council is at fault?</b>	

<b>When did you report the incident to the Council?</b>	<b>Date:</b>	
	<b>Reference Number:</b>	
<b>Did you notify the police of the incident?</b>	Yes- Complete below	<b>Incident number:</b>
<b>Were there witnesses to the incident?</b>	Yes- Complete below	<b>Incident number:</b>
<b>Witness Name:</b>		
<b>Address:</b>		
<b>Is witness known to you?</b>	Yes- State relationship:	No
<b>Witness Name:</b>		

	<b>Address:</b>			
	<b>Is witness known to you?</b>	Yes- State relationship:		No
				No

### **Section Three: Personal Injury Claims**

	<b>Details of Injuries</b> (Please indicate left or right as appropriate)		
	<b>Did you seek medical assistance?</b>	Yes- complete below	No- Section 3.2
	<b>Detail the names and addresses of all hospitals, NHS trusts and GP's in order of attendance</b>		
		1)	
		2)	
		3)	

	<b>Did injury result in time off work and loss of earnings?</b>	Yes- complete below	No- Section 4
	<b>What was your period of absence?</b>	Start Date:	Return Date:
	<b>Occupation:</b>	<b>Employee Payroll Number:</b>	
	<b>Employer and Address:</b>		
	<b>Please confirm your weekly net earnings</b>		

### **Section Four: Vehicle Damage Claims**

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

	<b>Make of Vehicle:</b>	<b>Model:</b>
	<b>Registration No:</b>	<b>Mileage:</b>
	<b>Date of last service:</b>	<b>Date of last MOT:</b>
	<b>Name and address of registered owner if different from claimant:</b>	
	<b>Are you VAT registered?</b>	Yes No

	<b>Name and address of motor insurer:</b>
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	<b>Policy/Certificate No:</b>	<b>Extent of Cover:</b>
	<b>Have you informed your insurers you intend to claim?</b>	Yes      No

	<b>Was there damage to a tyre/ wheel?</b>	Yes- complete below	No- Section 4.4
	<b>Age of damaged tyre:</b>	<b>Depth of tread remaining in damaged tyre:</b>	
	<b>Please complete below for any damage incurred:</b>		
	<b>Description of damage</b>	<b>Cost of replacement?</b>	<b>Age of item?</b>
			Yes      No
			Yes      No
			Yes      No

**Section Five: Property and Personal Property Claims**

	<b>Was damage to a house/ building?</b>	Yes- complete below	No- Section 5.2
	<b>you the owner of the house/building?</b>	Yes	No
	<b>Type of Property:</b>		
	<b>Address of property (if different to above):</b>		
	<b>When was the damage first observed?</b>	<b>Date:</b>	<b>Time:</b>
	<b>Please complete below for any damage incurred:</b>		
	<b>Description of damage</b>	<b>Cost of replacing?</b>	<b>Age of item?</b>
			Yes      No
			Yes      No

	<b>Please complete below for any damage/ loss of personal property incurred:</b>			
	<b>Description of damage</b>	<b>Cost of replacement?</b>	<b>Age of item?</b>	<b>Are invoices attached?</b>
				Yes      No
				Yes      No
				Yes      No

	<b>Name and address of insurer:</b>	
	<b>Policy/Certificate No:</b>	<b>Extent of Cover:</b>

	<b>Have you informed your insurers you intend to claim?</b>	Yes	No
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**Section 6: 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, including the Claims and Underwriting Exchange. I know I am liable to prosecution if I have provided the authority with information that I know to be false. Please sign below to declare that the information you have provided on this form to be correct.

<b>Signed:</b>	<b>Date:</b>
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<b>Enclosures checklist (please send copies)</b>		<b>Yes</b>	<b>No</b>
	<b>Completed application form</b>		
	<b>Location map and photographs of defect and surrounding area</b>		
	<b>Photographs of damage</b>		
	<b>Insurance certificate</b>		
	<b>Vehicle registration document/ proof of ownership</b>		
	<b>Copy of paid repair invoices</b>		
Please return form to:	Insurance & Risk Management, North Yorkshire County Council		
	Room B15, County Hall, Northallerton, North Yorkshire, DL7 8AL		