

## 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 will any payment 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 01609 780780.
- 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 01609 780 780 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 برائے 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.



(01609) 780780



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

**Section One: Claimant**

1.1	<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>

1.2	<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**

2.1	<b>Date of Incident:</b>	<b>Time of Incident:</b>
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2.2	<b>Location of incident:</b>		
	<b>Road Name:</b>	<b>Village/Town:</b>	<b>OS Grid Ref:</b>
	<p><b>Please 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></p>		
	<p><b>Location conditions at the time of the incident:</b></p> <p>Condition of highway surface?    <input type="checkbox"/> Dry                      <input type="checkbox"/> Wet                      <input type="checkbox"/> Icy</p> <p>Visibility?                                      <input type="checkbox"/> Clear                      <input type="checkbox"/> Foggy                      <input type="checkbox"/> Raining                      <input type="checkbox"/> Snowing</p> <p>Were road works present?                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Other details you wish to provide:</p>		

<b>2.3</b>	<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>2.4</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>	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

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

### Section Three: Personal Injury Claims

3.1	<b>Details of Injuries</b> (Please indicate left or right as appropriate)		
	<b>Did you seek medical assistance?</b>	<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> 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)			

3.2	<b>Did injury result in time off work and loss of earnings?</b>		<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> 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**

4.1	<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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

4.3	<b>Was there damage to a tyre/ wheel?</b>		<input type="checkbox"/> Yes- complete below	<input type="checkbox"/> No- Section 4.4
	<b>Age of damaged tyre:</b>	<b>Depth of tread remaining in damaged tyre:</b>		
4.4	<b>Please complete below for any damage incurred:</b>			
	<b>Description of damage</b>	<b>Cost of replacement?</b>	<b>Age of item?</b>	<b>Are invoices attached?</b>
				<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	<b>Was damage to a house/ building?</b>	<input type="checkbox"/> Yes- complete below		<input type="checkbox"/> No- Section 5.2		
	<b>Are you the owner of the house/building?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	<b>Type of Property:</b>					
	<b>Address of property (if different to above):</b>					
	<b>When the damage was 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 replacement?</b>	<b>Age of item?</b>	<b>Are invoices attached?</b>		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

5.2	<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>	
				<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	<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>			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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>
<input type="checkbox"/>	<b>Completed application form</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Location map and photographs of defect and surrounding area</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Photographs of damage</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Insurance certificate</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Vehicle registration document/ proof of ownership</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Copy of paid repair invoices</b>	<input type="checkbox"/>	<input type="checkbox"/>

Please return form to:	Insurance & Risk Management, North Yorkshire County Council Room B15, County Hall, Northallerton, North Yorkshire, DL7 8AL
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