

Our Ref

Dear Sirs,

The Council is naturally sorry to learn of any injury to people or damage to property which occurs within the Borough. Please find enclosed an Incident Report Form and an Information Leaflet for your attention. We ask that you read the Information Leaflet before completing the Incident Report Form, as it explains why there is no automatic right to compensation. Although an unfortunate incident may have occurred within the Borough this does not guarantee that the Council has to compensate you.

If you feel that you still have a valid claim, fully complete the Incident Report Form using block capital letters and provide as much information as possible. If you require any help in completing the form please do not hesitate to contact us.

Once completed and signed, your form should be returned to our office at the address shown below together with colour photographs of the alleged defect and surrounding area. To avoid delays please ensure that all the relevant sections are completed.

The council has **40** working days to investigate a personal injury claim and reach a decision on liability. The **40** working days period will only start when we receive the fully completed Incident Report Form in our office. If the location is not clearly identified for personal injury claims, the **40** working days period will not commence until the exact location is known.

All other liability claims that involve property damage **only** will be dealt within **90** days. Once a liability decision has been made, we shall write to you either to decline or accept liability.

Also find enclosed a leaflet regarding insurance fraud. Lambeth has a zero tolerance policy on insurance fraud and has invested in the resources to detect dishonest claims. Penalties for committing insurance fraud include fines and imprisonment, and the police will always be involved. If you have any information regarding anyone who has made a fraudulent claim against Lambeth you can report details in confidence on 0800 328 9270.

Yours sincerely,

Risk and Insurance

London Borough of Lambeth

Direct line: 0207 926 9330

Direct email: RiskandInsurance@lambeth.gov.uk

## LONDON BOROUGH OF LAMBETH - INCIDENT REPORT FORM

Please return your completed form to: **Risk and Insurance Services**  
**London Borough of Lambeth**  
**PO Box 734 Winchester SO23 5DG**      Ref:

### Claimant's Details

Full name and address of the injured party or owner of the damaged property	Mr/Mrs/Ms/Miss/Other (please delete)		
	Post Code		Email address
Home Telephone		Work Telephone	
Personal Mobile		Work Mobile	
National Insurance Number		Date of Birth	
Occupation		Employer Name and Address	
Please specify your ethnic group		Occupancy Type	Council Tenant/Leaseholder/Other (delete as appropriate)
Do you consider yourself as having a Disability as defined by the Equality Act 2010?	Yes* (Physical/ Mental/ Learning/ Limiting long term illness)		
	No*		
	Prefer not to say*		*please circle

### The Incident

Date and Time of Incident	
Exact Location (Where did it happen e.g. Street name, house number, street light column number)	
Post Code of Location (If known)	
What Happened? (Please describe precisely how the incident happened, include photographs of the site/damage if possible) You may continue on a separate sheet if you wish.	
What do you think caused this incident?	
Height or Depth of Defect	
Were there any warning signs?	
When did you first become aware of the defect?	
Had you already reported the defect to the Council <b>prior</b> to this incident?	Yes* / No*
If Yes, when and to whom did you report it	

If the incident occurred because of work being carried out by a contractor, please give the name of the contractor (if known)								
Witnesses (Where there any witnesses?)	Yes* / No*	Relationship to Claimant						
Full name and address of witness(es)								
What were the visibility and weather conditions at the time of the accident? Tick applicable box	Visibility				Weather Conditions			
	Good		Poor		Dry		Snow	
	Daylight (Good)		Daylight (Poor)		Wet		Ice	
	Night Street Lamps Lit		Night Street Lamps Unlit		Fog		Windy	
If you were driving, what was your speed?								
Do you have separate house contents insurance, vehicle insurance or home buildings insurance that would cover this claim?	Yes* / No*	*please delete						
If yes, have you made a claim with your insurer?	Yes* / No*							
What is the name of your insurer? (if applicable)								
What is your Policy Number?								

**Property and Vehicle Damage**

This section must be completed for loss/damage to personal property or vehicles. If you claim is for personal injury, please go to the next page. If you suffered damage to property and personal injury complete both sections. Please continue on a separate sheet of paper if necessary.

**PROPERTY DAMAGE** Give below full details of the property damaged. Where possible, damaged articles should be kept for inspection by the Council's Loss Adjusters who may wish to inspect these items. Please enclose photographs of damage and original invoices. **You have a duty to keep your losses to a minimum by having damaged articles repaired or cleaned where possible.**

Description of Article	Date of Purchase	Original Cost (Please attach receipt)	Cleaning/Repair Cost (Please attach receipt)	Replacement Cost (Please attach estimate or replacement receipt)

<b>MOTOR VEHICLE</b> Please describe the loss or damage sustained to your vehicle and enclose two estimates for repair or receipted invoice if repairs have been carried out.			
Vehicle Reg. Number		Year of Manufacture	
Make		Model	
Date you purchased vehicle		MOT number and expiry date (Please enclose a copy)	
Have you made a claim with your motor insurer?	Yes* / No*	Insurer: Policy Number: Claim Reference:	
Have the repairs been carried out?	Yes* / No*	If No, where can the vehicle be available for inspection?	
<b>Ownership</b> Please enclose a copy of the registration document (V5). If you are not the owner please explain why you are claiming.			

### Personal Injury Section

**This section is to be completed for Personal Injury Claims only. If your claim does not include Personal Injury you need not complete this section but you should still sign the declaration on page 4.**

<b>Details of Injury</b> Please describe the injuries and symptoms you suffered as a result of this incident.	
If this injury resulted in time off work, please give dates of absence and details of any loss of earnings.	
Did you have any unpaid time off work caused by the incident?	
How long did this injury affect you and what impact did it have on your day to day life?	
Did you attend Hospital or see your GP as a result of this incident?	Yes* / No*
If Yes please give details including the dates you attended and the name and address of the Hospital or GP.	

### Counter Fraud Measures

In accordance with UK GDPR and Data Protection Act 2018 your records will be held on computerised systems and paper files and will be shared with our insurers, claims handlers, loss adjusters, solicitors and other agencies. We will not pass on or sell your details to third parties for marketing purposes.

Our insurers also pass information to the Claims and Underwriting Exchange Register run by the Insurance Database Services Ltd, the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers and other similar bodies. The aim is to help check information provided and also prevent fraudulent claims. In dealing with your claim they will pass information to the registers and check the register.

For full details of our counter fraud privacy notice and the legitimate process of data we refer you to our website: <https://beta.lambeth.gov.uk/about-council/privacy-data-protection/counter-fraud-team-privacy-notice>

### Declaration

I hereby declare that the information provided by me is true to the best of my knowledge and belief and I understand that if I provide information which is incorrect or which is incomplete, action may be taken against me. The information which I have provided may be checked with other sources, the information may be used for purposes relating to the work of London Borough of Lambeth and maybe given to other bodies as permitted by law. I have read the enclosed leaflet about fraud. I declare that the information given on this form is a true account of the circumstances.

Signed		Dated	
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**PLEASE DO NOT USE THIS FORM FOR ANY OTHER PURPOSE THAN TO NOTIFY THE COUNCIL OF YOUR CLAIM.**

You are reminded that by completing this Incident Report Form you are not automatically entitled to the compensation you seek from the London Borough of Lambeth, and you claim will be thoroughly investigated before a decision is made as to whether or not the Council has a legal duty to compensate you.

We take the privacy of your personal and confidential information very seriously, and all paper documents received in this Section are scanned and uploaded to our electronic claims handling system, before being securely destroyed through a confidential waste service.

## MEDICAL MANDATE – FORM OF CONSENT

### Your details

<b>Title</b>	Mr	Mrs	Miss	Ms	Dr	<b>Other: (please state)</b>	
<b>Surname: (including former name(s) if changed)</b>						<b>Forename(s):</b>	
<b>Address: (including former addresses if changed since accident)</b>							
<b>Postcode:</b>				<b>Email:</b>			
<b>Telephone Number:</b>							

### Medical, Hospital, Doctor and Employer details

Please include addresses of all private and/or public hospitals involved together with record or patient numbers and the consultant/doctor concerned. State if the treatment was for physiotherapy or x-ray, at your GP's request.

<b>Hospital(s) attended:</b>								
<b>Date attended Hospital:</b>								
<b>Address:</b>								
<b>Postcode:</b>				<b>Consultant's name:</b>				
<b>Record Number:</b>								
<b>GP surgery:</b>								
<b>Date attended GP:</b>								
<b>Address:</b>								
<b>Postcode:</b>				<b>Telephone:</b>				
<b>Doctor's name:</b>						<b>Patient Number:</b>		
<b>Employer's name: (including former employers if changes since accident)</b>								
<b>Address:</b>								
<b>Postcode:</b>				<b>Telephone:</b>				
<b>Contact Name:</b>					<b>Employee Number:</b>			

### Declaration

I, (enter name) \_\_\_\_\_ consent to disclose my General Practitioner's/hospital records, X-rays, and my employer's medical file to Risk and Insurance, London Borough of Lambeth PO Box 734 Winchester SO23 5DG and their appointed claims handling agents, medical expert and solicitors.

<b>Signed</b>		<b>Dated</b>	
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Liability claims against  
**Lambeth Council**

Please read this information from the Risk & Insurance team before you complete your incident report form.

You are making a claim against Lambeth Council. The basis of your claim is that there has been fault on the part of the council. It is therefore necessary for you to prove in civil law that the Council has been negligent and/or breached its statutory duty. You will not automatically receive compensation just because an unfortunate incident has occurred.

### Data Sharing

Please be aware that Lambeth Council shares information on claims and claimants with its insurers, the Association of British Insurers and other local authorities for the purposes of detection and prevention of fraud. Lambeth Council also subscribes to Fraud line, Tel: 0800 328 9270, as part of its anti-fraud strategy.

### Other parties

If the incident appears to have occurred because of another party, your claim may be passed on to that other party. Examples of this include utility companies and independent building/maintenance contractors.

### Procedure for claims involving Lambeth Council

When we receive your completed and signed incident report form, we will acknowledge receipt within 10 days.

At this point we will inform you whether the claim is being handled 'in-house' or by claims handlers acting on our behalf. Usually if a claim is of high value, it will be dealt with by external claims handlers and all correspondence must be directed to them.

### Personal Injury Claims

The council has 40 working days to investigate your claim and reach a decision on liability, in accordance with legislation known as the Civil Justice Reforms for personal injury.



You should receive a letter within 40 working days informing you whether the claim has been accepted or denied for your injury.

If you have any evidence to support your claim, like document or photographs, you should supply it along with your incident report form.

If your claim is for property damage, you will be asked to supply the original receipts if available and confirm the age of the items. You may also need to supply estimates for replacement, repair or cleaning of the damaged items.

#### The limits of compensation claims

Please be aware that, should the council admit liability, the age and condition of your goods will be taken into account. When you buy home insurance, you pay for a 'new for old' service, but the council is not an insurance company and does not offer such a service. Neither does it accept liability for incidents that could not have been foreseen or that are caused by factors outside its control.

Therefore, the option to claim compensation is not an alternative to buying your own household contents insurance.

### Personal injury

If your claim is for an injury, our claims handlers will seek your authorisation to approach your GP or hospital and request medical evidence.

### Visit from a claims investigator

You may be contacted by one of Lambeth's claims investigators to arrange a joint visit, either to your home or to the site of your incident. The claims investigator will normally take photographs of any relevant evidence and take a statement from you in order to gather further information about your claim.

Our claims investigators are also responsible for ensuring that any potential fraud is detected and, if appropriate, prosecuted.

Once the council's investigations are complete, it will either accept or refuse your claim on the basis of legal liability.

### Accepted claims

If your incident was caused by Lambeth's negligence and/or breach of statutory duty, we will accept liability and notify you in writing of the procedure for payment.

### Refused claims

If your claim is refused you will receive a letter explaining why. If you wish to dispute the council's decision, you should write to us with further evidence and an explanation of why you believe the decision was wrong. You are free to seek legal advice at any stage of your claim. Other organisations such as the Citizens' Advice Bureau, may be able to advise you.

### Contact details

Risk & Insurance Services  
London Borough of Lambeth  
PO Box 734  
Winchester  
SO23 5DG

Telephone: 020 7926 9330

Fax: 020 7926 9764

Email: [RiskAndInsurance@lambeth.gov.uk](mailto:RiskAndInsurance@lambeth.gov.uk)

Website: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)

# Equalities Monitoring Form

## About you

To make sure we are providing fair services to all of Lambeth's diverse communities, it is important that we ask you a few questions about yourself. You are under no obligation to provide the information requested, but it would help us greatly if you did. The information will be used for claims monitoring purposes. Your responses will be kept confidential and any information published will be made anonymous. No information that can identify you, your home or your household will be passed to any other organisations without asking you first.

### 1 Gender and gender identity

What is your gender identity? **(Tick one box only)**

- Man (including trans man)
- Woman (including trans woman)
- Other gender identity (e.g. androgyne person)
- Prefer not to say

### 2 Age

Which age group applies to you?

- 18-24       55-64
- 25-34       65-74
- 35-44       75-84
- 45-54       85+

### 3 Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

### 4 Ethnic origin

What is your ethnic group?

- White**
  - English / Welsh / Scottish / Northern Irish / British
  - Irish
  - Portuguese
  - Polish
  - Gypsy or Irish Traveler
  - Any other White background, please specify:
- Mixed / multiple ethnic groups**
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed / multiple ethnic background, please specify:

**Asian / Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please specify:

**Black / African / Caribbean / Black British**

Black African

Black Caribbean

Any other Black / African / Caribbean background, please specify:

**Other ethnic group**

Latin American

Arab

Any other ethnic group, please specify: