

**SOUTH LAKELAND DISTRICT COUNCIL
INCIDENT REPORT FORM**

IMPORTANT NOTES

- All questions must be answered fully where applicable.
- The form may be returned if not completed to the Council's satisfaction
- Forms must be returned to:- South Lakeland District Council

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SECTION 1 – PERSONAL DETAILS

Surname: Mr/Mrs/Miss/Ms

Forename: Surname:

.....

Address:

.....

.....

Postcode: Daytime Telephone Number:

Occupation: Date of Birth:

National Insurance Number:

IF CLAIMANT IS A MINOR, THE PARENT OR GUARDIAN SHOULD COMPLETE SECTION 2

SECTION 2

Name in Full: Mr/Mrs/Miss/Ms

Forename: Surname:

.....

Address:

.....

.....

Postcode: Daytime Telephone Number:

Occupation: Date of Birth:

SECTION 3 – DETAILS OF INCIDENT

Cause of Accident/Incident: (MUST BE COMPLETED)

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.....
.....
.....

Date of Accident/Incident: Time: am/pm

Location:
.....
.....

Please supply sketch map of area, and also indicate the exact location.

Name of Person who informed Council:

Date Informed: How Informed:

.....
Reported to: Location/Department:

Were there any witnesses to the accident/incident? Yes/No

Name:

Address:

.....
.....

Telephone No:

Any previous reports made to Council? Yes/No

Date Submitted: Particulars:

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.....

SECTION 4 – DETAILS OF FIRE/CRIMINAL DAMAGE

Were Fire Brigade called out? Yes/No Date: Time:

Were the Police Informed? Yes/No Date: Time:

Crime Reference Number Obtained:

SECTION 5 – DETAILS OF INJURIES

Description of personal injuries:
.....

Have photographs of injuries been taken? Yes/No (if yes, please enclose)

Date Taken:

Hospital treatment required Yes/No Date of Treatment:

Hospital's name and address:
.....

Family Doctor consulted: Yes/No Date of Treatment:

Doctor's name and address:
.....

Have you made a full recovery following the accident/incident? Yes/No

If No, give details:
.....

Is further treatment necessary? Yes/No

If Yes give details:
.....

Does the injury relate to a re-occurrence of an old injury? Yes/No

If Yes give details:
.....

SECTION 6 – EARNINGS/FINANCIAL LOSS

Nature and amount of loss:
.....

How calculated:
.....

If earnings loss, Employer's name, address and your Job Title and Employees Payroll number

.....
.....

Where possible please provide proof of loss, eg payslips, statements etc.

SECTION 7 – DETAILS OF DAMAGE TO PROPERTY

Description:
.....

Location:
.....

Extent of Damage:
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Value:

Place of Purchase:

Date of Purchase:

PLEASE PROVIDE A COPY OF RECEIPTS, ESTIMATES OR STATEMENTS OBTAINED

What precautions were taken to minimise damage? (MUST BE COMPLETED)

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.....

Is damaged property available to inspection? Yes/No

(If no, give reasons and details)

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.....

SECTION 8 – MOTOR DETAILS

Vehicle Make: Model:

Vehicle CC: Reg No:

Driver's Name and Address (If different from personal details)

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.....

Telephone No: Date of Birth:

Description of damage to vehicle (Please enclose two estimates)

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.....

Owner details (If different from above)

Name & Address:
.....

Other Vehicles Involved

Name & Address of Driver:
.....

Reg No: Make & Model:

Insurers Name & Address:
.....

SECTION 9 – GENERAL INFORMATION

Do you have any private Insurance cover? Yes/No

Name & Address of Company:
.....

Do you consider the Council liable/
responsible for the accident/injury? Yes/No

If Yes, give reasons:
.....
.....

Have you made any previous claims against this, or any other Authority? Yes/No

If Yes, please give details including the incident date.
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DECLARATION

I DECLARE THAT ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT NO OTHER CLAIM WILL BE MADE UPON ANY OTHER ORGANISATION OR INSURANCE COMPANY.

FALSIFICATION OF EVIDENCE MAY LEAD TO PROSECUTION

Signature:

Date: