

Guidance Notes

Please Retain for your information

Original receipts and estimates for repair/replacement should be produced to substantiate your claim.

If your claim is successful in connection with possessions or clothing, a deduction for “wear and tear” will be made.

Fraudulent or Exaggerated claims may result in legal action against the claimant by Perth & Kinross Council.

The completed form should be returned to:

Insurance and Claims Team

Corporate & Democratic Services

Finance Division

2 High Street

Perth

PH1 5PH.

Tel: 01738 475657

Email: [insurance@pkc.gov.uk](mailto:insurance@pkc.gov.uk)

**How We Use Your Personal Information**

The information provided by you will be used by Perth & Kinross Council to process your Public Liability Claim. The information may be shared with our insurers, Zurich Municipal for the purposes of assessment of the claim.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them to verify its accuracy, prevent or detect crime, protect public funds, or where required by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection) or email [DataProtection@pkc.gov.uk](mailto:DataProtection@pkc.gov.uk) or telephone 01738 477933.



Public Liability Claim Form

*Any person seeking to claim compensation from Perth & Kinross Council should complete this form. (It should be noted that compensation will only be considered if it can be shown that the Council is legally liable. This will involve proving that the Council has been negligent)*

***See attached Guidance Notes - Please retain these Notes for future reference****.*

### **Please print clearly and ensure that this form is signed and dated**

# Claimant Details

Details of the person claiming compensation

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename |  |
| Middle Name(s) |  |
| Address |  |
| Postcode |  |
| Telephone No |  |
| Date of Birth |  |
| Email |  |

# Representative/Solicitor

If applicable, please provide details of the representative or solicitor who is acting on your behalf.

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Company** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Should future correspondence on this claim be addressed to this representative?** |  |

# Details of Incident

|  |  |
| --- | --- |
| **Date of Incident** |  |
| **Time of Incident** |  |
| **Where did the incident happen?**  If it occurred on a Public footpath or Road, please advise the road number/name, and provide a sketch or map detailing distinguishing landmarks and if possible, a photograph identifying the location of the incident. Failure to provide sufficient detail may result in a delay in processing your claim. |  |

|  |
| --- |
| **Has this incident already been reported to a Council office? If so where and when?** |
|  |

|  |
| --- |
| **Explain fully how the incident happened and give a description of the loss or damage incurred. If an injury was suffered, please give details in the ‘Injury Details’ section** |
|  |

# Details of items damaged

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **When Bought** | **Where Bought** | **Cost to repair or clean** | **Cost to replace** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total** |  |

|  |
| --- |
| **Why do you consider the Council to be at fault for your injury/loss?** |
|  |

**If the incident was caused by a defect in Council property, had the defect been reported to the Council prior to the incident occurring?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who reported it?** |  | **When was it reported?** |  |
| **Where was it reported?** |  | **To whom was it reported?** |  |

|  |
| --- |
| **If the incident occurred because of work being conducted by contractors please give details of the Firm involved, if known.** |
|  |

# Witnesses - Please provide details of witnesses

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

#### **Do you have any personal insurance that would cover this loss or damage?**

|  |
| --- |
| **If so, please give details Insurers Name and address** |
|  |
| **Policy Number** |

# Injury Details

|  |
| --- |
| **Injuries sustained** |
|  |
| **Name and address of doctor including postcode and telephone number** |
|  |
| **Have you consulted your doctor about these injuries** |
|  |
| **Name of hospital attended after the accident** |
|  |
| **Name of Consultant who treated you** |
|  |
| **Are you still receiving treatment?** |

# Employment Details

If you suffered injury because of the incident our insurers may be required to advise the Department of Social Security (Compensation Recovery Unit) and they will require the following details

|  |  |
| --- | --- |
| **National Insurance Number** |  |
| **Name of Employer** |  |
| **Employers Address** |  |
| **Postcode** |  |
| **Employers Telephone Number** |  |
| **Employee Works Number** |  |
| **Date of absences because of accident** |  |

# Please SIGN and DATE

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Claimant**: |  | **Date:** |  |

***PLEASE NOTE: -***

***Any data held by Perth & Kinross Council may be used for cross-system and cross-authority comparisons for the prevention and detection of fraud in line with the National Fraud Initiative. Fraudulent or Exaggerated claims may result in legal action against the claimant by Perth & Kinross Council.***

**Please return this form to:**

**Perth & Kinross Council, Corporate Insurance & Claims Section, Corporate & Democratic Services, Finance Division, 2 High Street, Perth PH1 5PH or email to: insurance@pkc.gov.uk**