



Barnsley MBC Insurance Department
PO Box 634
Level 3, Westgate Plaza One
Westgate
Barnsley
S70 9GG

INSURANCE CLAIM FORM

PLEASE NOTE: GIVING YOU THIS FORM DOES NOT MEAN THAT BARNESLEY MBC OR BERNESLAI HOMES ARE ADMITTING LIABILITY

Any claim that is found to be fraudulent or exaggerated may be passed to the relevant authorities and may result in criminal prosecution.

Completed by: _____ (print name)

Signed: _____ Date: _____

Please complete **all** applicable sections in conjunction with the guidance notes at the end of the form and send to the address above or e-mail Insurance@barnsley.gov.uk

THE CLAIMANT:

Title: Mr / Mrs / Miss (if other please specify) _____

Name: _____

Address: _____

_____ Post Code: _____

D.O.B. _____ Contact Tel No: _____

E-mail Address: _____ Occupation: _____

Are you a council tenant? Yes No Please tick

DETAILS OF INCIDENT: (if you can't fit the details here, please use and attach extra sheets of paper)

Date: _____ Time: _____ AM/PM

Exact Location of Incident: (giving shop names, house numbers, lighting columns etc)

Please refer to part D of this form to do sketch of the area in question)

Please give full details of how the damage, loss or injury occurred:

If there were any witnesses to the incident, please give their name, address and your relationship with each witness and why you feel they are able to support your claim.

Did the Emergency Services attend? Yes No Please tick ✓

If yes, please give details of Officer's name, number and station. _____

Crime reference No: _____

Please state why you feel Barnsley MBC or Berneslai Homes are responsible for this incident?

Have you made any complaints to Barnsley MBC or Berneslai Homes regarding this matter? If yes, please give:

the name of the person you complained to: _____

the date(s) that you complained: _____

Not all of this form will apply to you. Please complete only the section(s) that apply to your claim:

Part A – Loss or damage to property or building.

Part B – Damage caused to motor vehicle / cycle etc.

Part C – Personal Injury.

You will need to prove your losses, so please send in a copy of the receipt(s), estimates / quotes (on business letterhead paper) and any relevant photographs.

Part A – PLEASE COMPLETE If you are claiming for property damage or loss

Are you an Owner / Tenant, (delete as applicable).

If tenant, date on which tenancy began at this property: _____

Name and address of landlord if not Berneslai Homes/Barnsley Council: _____

Please provide details of items damaged:

Please provide the original purchase receipts where possible, for any items that were damaged

Details of original purchase price, and date:

Do you have a current House Contents Insurance Policy for your home?

Yes No Please tick ✓

If yes, please give full details

Have you claimed for this incident to your own household insurance company?

Yes No Please tick ✓

If yes, please give the insurance claim number _____

Part B – PLEASE COMPLETE if claiming for damage to a motor vehicle, cycle etc

You will need to provide two (2) detailed estimates for cost of repairs to the vehicle

Details of motor vehicle:

Make / Model / Type of Vehicle: _____

Registration No: _____ Year of Registration: _____

Full name and address of person driving the vehicle at the time of the accident: (if different from above) _____

_____ **Post Code:** _____

Full name and address of Vehicle Insurers: _____

_____ **Post Code:** _____

Name of Insured: _____ **Insurers Reference No:** _____

Type of Insurance Cover: (please tick)

Comprehensive Third Party Fire & Theft Third Party Only

Has a claim in relation to this incident been made against your own Insurers?

Yes No Please tick

Insurers: _____ **Claim No:** _____

Amount Paid: £ _____

Has a claim in relation to this incident been made against any other parties?

Full name and address: _____

_____ **Post Code:** _____

Reference / Claim No: _____ **Amount Paid:** £ _____

If we need to inspect the vehicle, please give us the address where we can do so.

Part C – PLEASE COMPLETE if claiming for personal injury

Details of person claiming for personal injury:

Please tick ✓

Male

Female

Married

Single

Details of occupation: _____

Employers full name and address: _____

Post Code: _____

Clock / Works No: _____ **National Insurance No:** _____

If you received treatment for your injury(ies), please give the full name and address of the Doctor or Hospital attended. (Include consultant's name and reference number given by hospital)

What treatment if any was given in relation to your injury(ies)? _____

Date and time of first attendance: _____

How many attendances have been needed to date?: _____

Earnings Authority

I authorise my Employer _____ (**give employer's name**) to release to Barnsley Metropolitan Borough Council and their insurers / claims handlers, details of my net earnings showing detail of all bonuses / benefits / SSP etc, which make up my wage, for before and after an accident on ___ / ___ / ___ (**please give date**), as I have made a claim against Barnsley Metropolitan Borough Council regarding this accident.

Full Name: _____ **Clock / Works No:** _____

Signature: _____ **Date:** _____

Medical Authority

I give my authority to release to Barnsley Metropolitan Borough Council and their insurers / claims handlers, details of all injuries which I suffered and treatment given to me as a result of an accident on ___ / ___ / ___ (**please give date**), as I have made a claim against Barnsley Metropolitan Borough Council regarding this accident.

Full Name: _____ **Clock / Works No:** _____

Signature: _____ **Date:** _____

Part D

If you are claiming for personal injury or damage to a motor vehicle, please use the space below to draw a sketch plan of the area where it happened and the exact location of the object that caused this incident. If damage to a vehicle, please show the position of your vehicle before and after the incident, your direction of travel and point out areas on your vehicle that suffered damage.

Guidance Notes

1. A claim will only be successful if it is proven that any damage or injury has been caused due to the Council or Berneslai Homes' negligence.
2. The Council and Berneslai Homes will not be responsible for damages that happen as an unavoidable result of services carried out that it has a duty to carry out, such as damage to decorations and floor coverings, caused during the installation of heating systems or any other planned maintenance/ refurbishment work.
3. The claim form should contain **all** relevant background detail relating to your claim and clearly state:
 - the nature of the actual injury/loss;
 - why you consider the Council or Berneslai Homes to be at fault; and
 - the value of your loss (**please provide** written estimates for the repair/replacement of the damaged property as well as the date of purchase and the value of the damaged goods, providing supporting receipts if you have them).
 - For personal injury claims, the limit for making a claim is three years from the date of incident and for damage to property claims the limit is six years from the incident date.
4. The Council does not insure on a new for old basis.
5. The completion of a claim form is the initial step in the liability and investigation process and does not indicate acceptance of liability or that an offer of compensation will be made by BMBC/Berneslai Homes.
6. On receipt of your completed claim, it will be allocated to a claim handler who will acknowledge the claim and correspond with you within 21 days of receipt. we will undertake a preliminary investigation and endeavour to write to you to advise one of the following:
 - Advise that your claim should be directed elsewhere
 - Confirm whether your claim has been passed to external claim handlers.
 - Request additional information. It is important you provide the information quickly and completely as the investigations will be put on hold until we have received full details.
 - Inform you that we are preparing a full report to enable us to decide on liability
*please be aware that decision regarding the outcome of your claim may take up to 3 months as the information will have to be requested from internal teams within the council.
 - Deny your claim and explain the reason for denial

7. If you have new evidence or disagree with the decision on your claim, you can make an appeal. Email or write to the claims handler, stating the reason why you want your claim reviewed. Although a claim can be reviewed, this doesn't mean that the original decision will be altered.
8. All claim forms must be signed and dated as being a true statement of the circumstances surrounding the loss or injury.
9. Any claim that is found to be fraudulent or exaggerated may be passed to the relevant authorities and may result in criminal prosecution.
10. If you owe any money to the Council or Berneslai Homes, including council tax or rent arrears, the Council reserves the right to use a successful claim settlement to pay off or reduce any debts of this kind.
11. The Council and Berneslai Homes are not responsible for the actions of any contractor or utility company, even if they are acting on behalf of the council. All claims must therefore be made directly to the contractor or utility company.
12. General Data Protection Regulation (GDPR): the information that you provide on this form will be used for the purposes of processing your claim. The information will be held on a database and may be used for the purpose of prevention or detection of fraud. We may share this information for the same purposes with other organisations which handle and protect public funds. Where necessary we may share this information with the Council's revenue service and Berneslai Homes so that any overdue debts can be identified and/or recovered.