



**BOROUGH OF HYNDBURN**  
HOME OF THE ACCRINGTON PALS

Insurance Claims  
Hyndburn Borough Council  
Scaitcliffe House  
Ormerod Street  
Accrington  
Lancashire  
BB5 0PF

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## **Incident Claim Form**

This form must be fully completed by anyone who claims that a Council vehicle or employee has caused damage to their property.

Your claim will be fully investigated and we will provide you with a response within 15 working days from the date the form was received. If your claim is of a complex or serious nature, it may take us longer. However, we will keep you informed and let you know when you can expect a full response.

Mr, Mrs, Miss, Ms (circle as appropriate)	<b>Your FULL name:</b>
<b>Your Address:</b>	
<b>Post code:</b>	
<b>Contact Number:</b>	
<b>What is the incident in relation to:</b>	<b>Vehicle    Wall / Fence    House    Garden    Drive / Path    Garage    Other</b> (circle as appropriate)
<b>Details of the incident:</b> (if your vehicle please provide make, model and registration number)	
Please continue on the other side of this page if necessary	

<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Registration number if Council vehicle involved in the incident:</b>	
<b>Description of Council vehicle:</b> (i.e. refuse vehicle, cage vehicle, mechanical sweeper, tractor, 4x4, van etc)	
<b>Name of Driver or Crew member:</b>	
<b>Name of person that actually witness the incident:</b>	
<b>Address of witness:</b>	
<b>Postcode:</b>	
<b>Contact number of witness:</b>	
<b>Would they be willing to be interviewed by a Council Officer?</b>	<b>YES / NO</b>

I confirm that the information I have provided is a true and accurate record.

Signed: \_\_\_\_\_

Print Name in BLOCK CAPS: \_\_\_\_\_

Date: \_\_\_\_\_

To see more about how we record and store your information please see the Council's privacy notice at <https://www.hyndburnbc.gov.uk/privacy-notice/>

*Hyndburn Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided or will provide in respect of your claim for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.*

**Once completed and signed please return the form to the Council**

**For office use only – DO NOT WRITE ON THIS FORM**

<b>Incident received on:</b>	<b>Allocated to:</b>	<b>Return to Head of Service by:</b>	<b>Replied to resident on:</b>

<b>Has any driver reported an incident form?</b>	<b>YES / NO</b>
<b>Vehicle tracking system log attached?</b>	<b>YES / NO</b>
<b>Is the vehicle at the location on date and time stated?</b>	<b>YES / NO</b>
<b>Is there any sign of damage to the Council's vehicle?</b>	<b>YES / NO</b>
<b>What is the condition of claimant's property / vehicle?</b>	

**Details of investigation:**

<b>Driver / Crew statement attached?</b>	<b>YES / NO</b>
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