

**Swindon Borough Council
Incident Questionnaire for Members of the Public
Motor**



Warning – Fraud

A fraudulent claim will result in the loss of all compensation and may lead to the institution of criminal proceedings. Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd.) The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

Please complete in Black Ink only

Full Name: Mr/Mrs/Miss/Ms

Address:

.....

Post Code: **Telephone Number:**

Age: **Occupation:**

Employment Status: F-Time/P- Time/Self Employed

National Insurance Number:

Date of Incident: **Time:**am/pm

Date First Reported: **To Whom:**.....

How First Reported: Telephone/Letter/Other

Please detail as clearly as possible the incident and how it occurred.

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Witnesses: (Please enclose any supporting statements)

Name:

Address:

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Reason you consider the Council to be at fault.

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You must tell us of any other insurance covering the vehicle as you are legally not entitled to claim benefit for the same loss from more than one insurance company.

Name & address of Motor Insurance Company:

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Have you claimed under this Policy? Yes/No

PLEASE DRAW A SKETCH PLAN SHOWING THE EXACT LOCATION OF THE INCIDENT AND ALLEGED DEFECT

Have photographs also been enclosed: Yes/No

Please detail the exact location of the incident: Street Name/Outside House Number/Lighting Column/Shopping Centre/Sports Centre:

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Please forward two estimates for the repair works to your vehicle or a copy of the paid invoice if repair works have been completed.

What is the estimated cost of repairs £.....

No compensation can be paid unless we have copies of estimates/receipts.

Details of the vehicle involved in the incident.

Make and Mode:

Registration Number:

Where normally kept: Garage/On Road/Off Road/Other:

Have you suffered an incident of this nature previously? Yes/No

If yes please give details:

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I declare that all answers are true and correct.

Signed:

Date:

Upon completion please return to:
Swindon Borough Council
Insurance Section
Civic Offices
Euclid Street
Swindon
SN1 2JH