

Cardiff Council - Liability Claim Form



For a claim to be successful, you must prove that the damage or injury was the fault of the Council. Please refer to the Guidance Notes attached to this form. They are provided to help you complete the claim form correctly and to help avoid any unnecessary delays.

Section A: Claimant Details

Full Name:
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:
Postcode:
Telephone number:
Email address:
Are you a Council tenant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Post
Type of incident: <input type="checkbox"/> Personal Injury – If claiming for personal injury Section B must be completed. <input type="checkbox"/> Other Damage (Vehicle, property, clothing, etc.) – Complete Section A and from Section C onwards

Section B: Personal Injury

National Insurance number:
Date of Birth:
Occupation:
Employer's details:
Postcode:
Please describe injuries suffered in the accident or incident:

Have you consulted a Doctor about these injuries?

- Yes
 No

Doctor's details (Name, address and email):

Name of any hospital attended after the accident or incident:

Were you taken to hospital by ambulance?

- Yes
 No

Name of Consultant or Doctor who treated you:

Are you still receiving treatment?

- Yes
 No

Section C: Particulars of Incident

Location of incident:

Date of incident:

Time of incident (am/pm):

Please describe exactly how the incident occurred, and what damage was caused to your property, or injury caused to you. Wherever possible please attach photographs of the damaged property and the defect that caused the incident. Any photographs of the incident location should clearly show the defect and surrounding area. Please mark the exact defect with an 'X' and show your direction of travel. If photographs are unavailable, you may wish to use online map services to provide the precise location. The nearest house number or street lamp column would also be of assistance. Please note the Council must be able to identify the exact defect to progress your claim.

Was any damage caused as a direct result of work being undertaken on your home or property by a Council employee?

- Yes
 No

If "Yes", please provide details of the employee and the service that they work for:

Was the damage caused as a result of work being carried out on your home by a Contractor, or Contractor's employee(s), working on behalf of the Council?

- Yes
 No

If "Yes", please provide details of the Contractor and/or their employee:

(Please note that claims involving a Contractor, or Contractor's employee, will be passed to the Contractor to deal with you direct under their own liability insurance cover)

Section D: Liability

In what way / why do you hold the Council to be at fault?

Are you aware of whether the Council has previously been informed of the defect that caused the damage or incident?

- Yes – Please provide details in Section E
 No – Please go to Section F

Section E: Previous Report of Defect

On what date(s) was the defect reported (dd/mm/yyyy):

To whom was the defect reported:

On what date(s) were any repairs undertaken (dd/mm/yyyy):

If a contractor carried out the repairs, please give their details, if known:

Please give details of any remedial or repair work carried out, if known:

Section F: Property Damage Claimed

Please include a copy of receipts for damaged items and/or repairs estimates when you submit this form

Description of items damaged	When bought	From where	Cost of item	Cost of repair or cleaning	Cost to replace

Section G: Witnesses

Please supply name(s) and address(es) of witness, if applicable:

Relationship to claimant:

Section H: Household Insurance

Do you have Home Contents or Building Insurance?

- Yes
 No

If "Yes", please provide the name of your insurer

Are your contents insured through the Council's own Home Contents Insurance Scheme?

- Yes
 No

If "Yes" to any of the questions in section H have you made a claim for loss or damage on your own insurance policy?

- Yes
 No

Section I: Important Notices

Data Protection Declaration

The information you have provided will be processed by Cardiff Council in line with the Data Protection Act 2018, for the purpose of processing your liability claim. Your information will be treated as confidential, but it may be shared with the Council's insurers and third parties including external claims handlers, solicitors and other relevant parties that may form part of the claims process.

Under our duty to protect public funds we administer, Cardiff Council and its representatives may also use and share the information provided for the prevention and detection of fraud. This can include the search of anti-fraud/theft registers that help verify information and prevent fraudulent claims and also the passing of information relating to this incident to the appropriate register(s) for the future reference of other parties. For more information on how the Council process your personal information in line with Data Protection Law, see our full Privacy Policy on the Council's website. www.cardiff.gov.uk/privacynotice

Section J: Declaration

I confirm that I am the subject of the information above and declare that the information given in this form to be true and complete.

I have read and understood the details of how my personal data will be processed and the guidance documents that have been provided for my attention.

In signing the below I understand the information I have provided will be processed by Cardiff Council as outlined above.

Print Name:

Signature:

Date:

To return please email Liability.Claims@cardiff.gov.uk