



Highway's Third-Party Incident Report Form – Claimant (Part 1)

NCC Claim Ref No.:
CF Ref:

Please read details on [NCC Website](#) before completing this form.
Ensure all relevant parts of the form are completed accurately and in **BLOCK CAPITALS**.
Please attach any documents/photographs which you intend to rely on to support your claim.
The issue of this form should not be misconstrued as an admission of liability, nor as a promise of payment

Section 1 Claimant Details

Claimant title:
Claimant full name:
Claimants address (including postcode):

Claimants telephone number (Home):
Claimants telephone number (Work):
Claimants mobile telephone number:
Claimants email:
Are you registered for VAT? Yes/ No
Occupation:
Date of Birth (for injury claims only):
National Insurance Number (for injury claims only):

Section 2 Incident Details

Incident date:
Incident time (24-hour clock):
Incident location:
Road name/number:
City/town/village/parish:
Identifying landmarks e.g. nearest property
What3Words (map reference location):

Did the incident occur on the (please select one):

- Footway
- Carriageway
- Cycleway
- Verge
- Other (please state)

What were the weather conditions at the time?

Description of incident – please make the description as detailed as possible

In the space below, please provide a sketch of the incident scene to assist with our investigation of your claim.

You should include the name/number of the nearest property, and any other identifying landmarks, position of any street lighting, any road signs or markings, your position and direction of travel and the whereabouts of any alleged defect or cause of your incident.

Please also supply any photographs of the alleged defect, marking upon them the exact incident location with an 'X' and also your direction of travel.

Section 3 Property Damage

Please state the actual damage and costs incurred, which has been sustained to your

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property/vehicle as a result of the incident.

If you have sustained damage to your vehicle please enclose 2 independent estimates for repair of the same, a paid invoice if repairs have already been undertaken, documentary evidence of your policy excess if you have claimed the costs through your insurers. Please also supply copies of a valid insurance certificate of motor insurance, proof of ownership of the vehicle, last MOT certificate and date of last service. Where damage has been sustained to tyres please provide their approximate age and mileage they have covered since new or the actual tread depth measurement.

Section 4 Personal Injury

Please state the injury sustained:

Did you attend hospital, if so on what date?

Name and address of the hospital attended:

Did you attend your GP, if so on what date?

Name and address of GP and surgery:

Section 5 Negligence

Please state why you are holding Norfolk County Council responsible for your incident.

Section 6 Other information

Please provide name and address of any witnesses to the incident.

Have you already contacted any officer of Norfolk County Council about your incident? If so, to whom did you speak and on what date?

Have you reported the incident to the Police? If so, to whom did you speak and on what date. Please provide any reference number given.

Section 7 Claimants Signature

I declare that the information supplied on this form is true and accurate to the best of my knowledge.

Claimants (print name):

Claimants signature:

Date

Norfolk County Council may use the information you have provided, in relation to your claim, to prevent and detect fraud. We may also share this information for the same purpose with other organisations.