ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD
Third party incident report form

Ref (office use) CS

Please note that the issue of this form is not an admission of liability. Please write clearly.

Parts A and F must be completed, parts B, C D and E to be completed as appropriate.

PART A

1. Your details:
Surname________________ First name/s ______________ Mr/Mrs/Miss etc.

Address
____________________________________________________________________________

Telephone:_____________ Email:______________________________

Occupation:____________________________________________________

If your claim involves an element of **personal injury**, your date of birth___________________

To manage the claim, relevant information will be managed by the council in accordance with the Data Protection Act 2018. Full details may be found on the council’s website:

https://www3.rbwm.gov.uk/downloads/file/3884/privacy_notice_insurance_and_risk_management

2. If the incident is being dealt with by your insurance company:
Name of insurance company____________________________________

Address
____________________________________________________________________________

Telephone:_____________ Email:______________________________

Insurance company ref: __________________________________________________________________
3. **Particulars of Incident**

a. Date and time:

b. Where did the incident happen? Please note we are unable to investigate claims where the location is not made clear, so be as specific as possible. Photographs are usually helpful.

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

c. What do you believe to be the cause of your incident?

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

d. Describe in as much detail as possible how the incident occurred

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

   ____________________________________________________

e. Weather conditions e.g. wet/icy etc.

f. Was it light/dark/twilight etc.? 

  ____________________________________________________

g. Is there street lighting present? Yes/no

h. If so was it working at the time of the incident? Yes/no
4. Sketch plan of the location or any other details we will find useful in understanding the incident.
PART B - please complete if incident includes personal injury.

1. National Insurance number ______________________

2. If injury was caused by a trip what was the measurement (including height) of the defect?
   ________________________________

3. Please describe the nature of your injury.
   __________________________________________________________________________

4. Was medical advice/attention needed? Yes/no
   If “yes”, please provide the name of the doctor and the name of any hospital attended.
   __________________________________________________________________________

5. Date medical advice was first sought: ______________________

6. Has any loss of wages been suffered? Yes/no
   If “yes”, how much to date? ______________________

7. When do you expect to return to work? ______________________

PART C - please complete if incident relates to damage to personal effects such as glasses or clothing. Damage to motor vehicle is dealt with in Part D.

1. Please detail items below including a description of the damage sustained. Supporting receipts should be enclosed where appropriate.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Are the items available to inspect? Yes/no
PART D - motor vehicle damage claims.

1. Make/model:____________________
2. Registration no.____________________
3. Are you the registered owner? If not, please explain why you are claiming:
   _______________________________________________________________________
4. Speed of vehicle at time of incident.____________________
5. Estimated / actual cost of repairs. Please attach copy estimate/repair invoice.
   _______________________________________________________________________
6. Is your total outlay the full cost of repair or just your insurance excess?
   _______________________________________________________________________

Please note the council has a policy of checking data to ensure the total cost of repair is not being claimed if you have only had to pay your insurance excess.

7. Brief description of damage.
   _______________________________________________________________________
8. If the damage was caused by a pothole, what was the length and depth of defect?
   _______________________________________________________________________

PART E – tree root damage claims only.

1. Where is the implicated tree situated?
   _______________________________________________________________________
2. What is the nature of the alleged damage? Please attach a copy of any independent reports which you have commissioned.
   _______________________________________________________________________
3. Estimated cost of remedial works (please attach copy of estimates)._______________
PART F

1. Additional information

Were you previously aware of the alleged defect/problem? Yes/no

Are there any witnesses to the accident? Yes/no

If so, please provide their name and address:

___________________________________________________________________________

___________________________________________________________________________

If the police were informed, please advise when, at which station and the officer’s name/number.

___________________________________________________________________________

Was the council informed? Yes/No

If so, when and to whom:

___________________________________________________________________________

By telephone/in person/in writing/email?

___________________________________________________________________________

2. Any other comments?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. I declare that the foregoing statements are true and complete to the best of my knowledge and belief:

Signature

___________________________________________________________________________

Date

___________________________________________________________________________

Relationship to person involved in the incident, if not completed by them.

___________________________________________________________________________