

<p><b>The issue of this form does not imply an acceptance of liability.</b></p>		<b>DCC Claim Reference</b>	
<ul style="list-style-type: none"> <li>• <u>Before</u> completing this form, please read the information on our website carefully.</li> <li>• If you are under 18 years old, please have your parent/guardian complete and sign this form</li> <li>• If you still feel it is appropriate to make a claim, a fully completed form will help process your case as quickly as possible. A decision on liability will be provided up to a maximum of 90 days after an acknowledgement letter is sent to you. . If the claim progresses to Court, the process may take substantially longer.</li> <li>• <b>The issue of this form does not imply an acceptance of liability.</b></li> <li>• <b>Fraudulent claims will be investigated.</b></li> </ul>			
<p><b>Data Protection Fair Processing Statement:</b> The information which you provide on this form will be held by Devon County Council and may be shared with the Council’s contractors, solicitors and insurance company if necessary. This information will be used for the purpose of investigating your claim. This information may also be disclosed to parties mentioned above for the purpose of investigating and making a decision on your claim. We intend to keep the information you provide for a period of seven years. This information will be held securely and will not be disclosed to anyone other than those stated above, without your permission. The information which you provide will be destroyed in a secure manner when the retention period has expired.</p>			
<b>Section 1 – Personal Details (Claimant)</b>			
Title		First Name	Last Name
Home Address & Postcode			Telephone Number
Email Address	<p>Note: if an email address is provided we may correspond with you via this address rather than by post during the first stages of your claim.</p>		
<b>Details of your Agent (if applicable) (e.g. solicitor, insurance company or other representative)</b>			
Name			
Address & Postcode			Telephone Number
Reference Number			
<b>Section 2 – Description of the Incident</b>			
Exact Date of incident		Time of day	
<p><b>Note:</b> a: You must provide a specific date. A date range will not be accepted</p>	Dark or light		
	Weather conditions		

<p><b>Describe the incident</b></p> <p>Please describe exactly what happened and your opinion of the cause of the incident.</p>			
<p><b>Describe the precise location</b> where the incident occurred (road name, adjacent landmarks/ buildings / street lamps etc and direction of travel)</p>			
<p><b>Were you previously aware of the alleged defect?</b></p>			
When did you first see it?		Did you report it to DCC?	
When did you report it?		How did you report it?	
<p><b>Section 3 - Police/Witnesses</b></p>			
<p><b>a) If details were taken by the police complete this section:</b></p>			
Officer Name		Police Officer Number	
Police Log Number			
<p><b>b) If there were other witnesses please provide their contact details:</b></p>			
1. Full Name		Home Address & Postcode	
Telephone Number			
Email Address			
2. Full Name		Home Address & Postcode	
Telephone Number			
Email Address			

**Section 4 – Property and Belongings** (Please Complete this Section if damage was sustained to Property or Belongings)

If property was insured, provide details:

Insurance Company		Insurance Type (3rd Party/Third Party Fire & Theft/Comprehensive)	
Address & Postcode		Policy Number	
Telephone Number		Email address	
Insured Value			
Describe damage			
Cost of repair or replacement	£	Invoices or receipts clearly indicating relevant costs <b>must</b> be returned with this form	

**Section 5 - Injuries** (please complete this section if injuries were sustained)

**Please note for personal injury claims, further personal information may be requested when your claim passes to our insurers, including your national insurance number, weekly income and employer details.**

Note: By Law, we are required to notify the Department for Work and Pensions (Compensation Recovery Unit) of the identity of everyone who claims they have suffered personal injury. Details of your date of birth, national insurance number and employer must be given if you have suffered injury for which you are claiming (or intend to claim) compensation.

Date of Birth		National Insurance Number	
Employer			
Name of your Doctor		Did you attend Hospital?	
Hospital Name		Date(s) of Attendance	
Description of injuries sustained			

## Section 6 - Enclosures checklist

Send copies of documents. **Do not send original documents** as they will not be returned.

Failure to provide the documents below will result in your claim being returned to you.

### FOR ALL CLAIMS:

- A clear map showing the location of the defect
- Dated photos showing the defect and surrounding area

### FOR DAMAGE CLAIMS YOU MUST ALSO INCLUDE:

- Dated photographs of the damaged property - note: the county council may request to inspect the damage or commission an inspection
- Receipts / invoices for the repairs (Note: QUOTATIONS are not accepted)

**Section 7 - Declaration: I believe that the statements of fact contained in this document are true, to the best of my knowledge and belief.**

Signed:

Date:

We are unable to investigate your claim if information is missing and an incomplete form will therefore be returned to you.

Please return completed claim form with all supporting documents to:

- [hmclaims@devon.gov.uk](mailto:hmclaims@devon.gov.uk). Please note maximum email size is 8MB.
- Or by post to: Devon Highways, Lucombe House, County Hall, Exeter, EX2 4QD

Ensure that your form and document package is weighed and that you pay the appropriate delivery costs. You may want to get a certificate of posting. We are not able to pay for items of post when postage has been underpaid. We recommend you keep copies of the completed claim form and any accompanying documents for future reference.