



HIGHWAY INCIDENT CLAIM FORM

Please read the information provided before completing this form

- Please report any dangerous defects to the Surrey Highways team as soon as possible by logging on to www.surreycc.gov.uk/highways or if you think this may be an **emergency situation**, please call the Contact Centre immediately on 0300 200 1003.
- Surrey County Council has a duty to protect public funds. Any claims where fraud is suspected will be investigated and appropriate action taken when fraud is detected.
- Please make sure you provide as much information as possible about your incident to enable us to investigate your claim quickly and efficiently.
- We request that you enclose photos of the damage incurred and the defect where possible.
- It is important to note that we cannot investigate claims without a precise location and date.

A cover letter describing the incident in full is recommended.

1. CLAIMANT DETAILS

Full Name.....

National Insurance Number.....

Date of Birth...../...../.....

(Please note this information is required to prevent fraudulent claims and for national auditing purposes)

Full Address:.....

.....Postcode:.....

Daytime Contact Number.....

Mobile Phone Number.....

Email Address

*We regret that we cannot routinely correspond via e-mail, however would request your consent to contacting you via email (or mobile telephone) should we consider it appropriate to do so for the purposes of processing your claim efficiently.

2. VEHICLE DETAILS

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Vehicle Registration Document/Proof of Ownership
- Insurance Certificate
- MOT Certificate (if required for the vehicle)
- Proof of Last Service
- Proof of valid Road Tax

FOR OFFICE USE ONLY:

FIGTREE REF:.....

CHO.....

AREA CODE:.....

SKETCH PLAN

Provide a map or draw a sketch plan showing the precise location.

4. TOTAL COST CLAIMED

(You must enclose copies of two independent estimates for work unless work was required immediately in which case please provide copy of invoice for work – the original invoice will be required in the event of a successful claim)

5. DAMAGE DETAILS

Wheel / Tyre Damage - *Front Left / Front Right / Rear Left / Rear Right* (Please circle where appropriate)

Mileage covered by tyre before the incident

Date tyre last changed before the incident (with supporting evidence)/...../.....

Other damage suffered

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(As a publicly funded body we have a responsibility to spend as efficiently as possible. This means we are unable to replace an old tyre with a new one. A fair deduction is usually made in respect of wear and tear in the event of a successful claim.)

INFORMATION REGARDING SURREY COUNTY COUNCIL CLAIMS

- Where a claim has occurred as a result of works carried out on the highway by a utility company or contractor your claim may be against them and not Surrey County Council. Subsequently information relating to your claim may be passed on to any relevant third parties (such as a contractor, or an insurer) solely for the purpose of processing a claim.
- In law for a claim against the highway authority to succeed it is necessary for the claimant to prove that -
The highway in question has not been maintained appropriately, with regard to its importance and was therefore dangerous and this was the direct cause of their accident.
- If this can be proved, then it is for the highway authority to demonstrate that it took all reasonable steps to ensure that the highway was safe.
In practice, this means that all records of inspections and repairs carried out form the basis of the authority's legal defence against any claim.

ONCE YOU HAVE COMPLETED THIS FORM PLEASE RETURN TO:

**Insurance Services
G81 County Hall
Penrhyn Road
Kingston upon Thames
Surrey
KT1 2DN**

WHEN WE RECEIVE YOUR CLAIM WE WILL –

Acknowledge your claim within 21 days and inform you if we require any further information.

Within a further 90 days from the date of acknowledgment (providing we have the full information) your claim will be investigated and we will inform you if we have accepted or refuted your claim.