

Telford & Wrekin Council Injury Report Form

This form is intended to give you the opportunity to provide the facts relating to the incident, and allow the council to fully investigate the matter. It is important that **all** sections are completed to avoid delay.

If any personal property has also been damaged, please include Estimates or Invoices when returning the form.

We are required by law to protect the public funds we administer. We may share information provided to us with other bodies responsible for auditing or administering public funds in order to prevent and detect fraud.

Please complete all sections below in full.

1. Details of Injured Person:

Full name: **NI Number:**.....
Address: **DOB:**
..... **E-mail:**
Postcode: **Telephone No:**
Occupation: **Mobile No.:**.....

2. Particulars of incident:

Date: **Time:**

State what happened:

.....

.....

.....

.....

3. The Location:

Name of Road: **Town**

Please attach sketch plan or map with precise location marked

4. Details of injuries:

5. Name & address of GP or Hospital attended:
.....

6. Do you have any photographs of the location? **YES/NO** (if yes send copies)

7. Why do you hold the Council responsible:

8. Witnesses

Name: Name:

Address: Address:

9. Declaration

I certify that the information I have given is true to the best of my knowledge and belief.

Signed:(Claimant) Date:

OR - if you are completing this form on behalf of the claimant:

Signed:.....(Representative) Date.....

Print Name.....Please state relationship to claimant:

The issue of this form does not mean the Council accepts responsibility. All incidents will be thoroughly investigated.

Please return this form to:

Insurance Office
Telford & Wrekin Council
Darby House
Lawn Central
Town Centre
Telford
TF3 4LA

01952 383739/40
E-mail: insuranceclaims@telford.gov.uk

