## Swindon Borough Council Incident Questionnaire for Members of the Public Property



## Warning - Fraud

A fraudulent claim will result in the loss of all compensation and may lead to the institution of criminal proceedings. Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register).

Please complete in Black Ink only

Full Name: Mr/Mrs/Miss/Ms			
Address:			
Post Code: Telephone Number:			
Age: Occupation:			
Employment Status: F-Time/P-Time Employee/Self Employed			
National Insurance Number:			
Date of Incident:am/pm			
Date first reported: To Whom:			
How first reported: Telephone/Letter/Other			
Please detail as clearly as possible the incident and how it occurred:			
Witnesses: (Please enclose any supporting statements)			
Witnesses: (Please enclose any supporting statements) Name:			
Witnesses: (Please enclose any supporting statements) Name: Address:			

Reason you consider the Co	ouncil to be at fault:			
ITEMS DAMAGED IN THE IN	ICIDENT			
ITEMS DAMAGED IN THE IN	CIDENT			
	copy of the original receipt	•		
that has been damaged. If you do not have the receipt we will need to see two estimates for the repair or replacement of any damaged item.				
estimates for the repair of replacement of any damaged item.				
Building Repairs: We will not of the paid invoice if repairs	eed to see two estimates for	the repair works or a copy		
or the paid invoice if repairs	s nave been completed.			
Description of item	When and where purchased	Price Paid		
	•			
No componentian can be paid upless we have copies of estimates/receipts. Please				
No compensation can be paid unless we have copies of estimates/receipts. Please note compensation if offered is not on a new for old basis.				
·				
Is the item insured another insurance policy? Yes/No				
If Yes, give details:				
Have your suffered on incident of this return provident to Nov Ale				
Have you suffered an incident of this nature previously? Yes/No If Yes, please give details:				
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Any other supporting information, which may be of use to us in assessing your claim:		

Signed:	Date:	
I declare that all answers are true and correct.		

Upon completion please return to:
 Swindon Borough Council
 Insurance Section
 Civic Offices
 Euclid Street
 Swindon
 SN1 2JH