



## Liability Claims – Guidance Notes

***It is important that you read and understand these guidance notes before completing the claim form***

### **When can a claim be made against the Council?**

To successfully claim compensation from the Council you will need to prove that the Council has been at fault in law. There is no automatic entitlement to compensation, and just because an incident has happened it does not necessarily mean the Council will be held to blame.

### **Other Insurance Cover**

If you have Home Contents, Buildings or Motor Insurance that would cover your loss/damage, we recommend that you make a claim on the appropriate policy first. This is because settlement will most likely be on a “new for old” basis and you will not need to prove that anyone is at fault for the loss, so it is likely that your claim will be dealt with more quickly. Your insurers may then seek to recover their costs from the Council if they feel the Council has been at fault. A successful recovery by your insurers will mean that your premiums and any no claim discounts are unlikely to be affected.

### **What information must YOU provide when you make a claim?**

The following information must be provided:-

- A clear summary of the facts on which the claim is based including the time and date of the incident.
- An indication of the nature and extent of your injury(ies) and/or details of any property damage
- Details of any financial loss suffered
- Sufficient other information to enable formal investigations to start e.g. a plan of the incident location and/or photograph(s) clearly identifying the location.

**Without this information the claim cannot be processed**

### **What happens once you have submitted a claim?**

- The Insurance and Risk Management Section will acknowledge receipt of your claim within 15 working days and may forward your claim to the Council’s external insurance claims handlers. The claims handlers will acknowledge receipt within 5 working days.
- The Council will investigate the allegations and send a report to the claims handlers.
- Claims are always processed as quickly as possible, however, the law allows up to 3 months to investigate personal injury claims and decide whether or not there has been fault on the part of the Council. Whilst there is no such time limit for property only claims, the Council will endeavour to provide a decision on liability within 3 months.
- If the claim is for damage to your property the claims handlers will require original receipts and/or replacement estimates and confirmation of the age of the items. Please be aware that any offer of settlement **will not** be on a new for old basis and as such will be adjusted for wear and tear.
- As well as the information outlined above the claims handlers may also ask you to provide your full

name, date of birth and National Insurance number, if not already supplied.

- If your claim is for injury, medical evidence will need to be gathered. The claims handlers will forward a form for completion to allow them to approach your GP/hospital for a report. Please be aware that the amount of time it takes to receive the report can vary widely and is something over which they have no control other than to issue regular reminders. You can of course chase the GP/hospital yourself in this instance.
- If the GP/hospital report is not sufficient to accurately assess the value of your injuries the claims handlers may have to appoint a consultant who will need to examine you to prepare a comprehensive report. This process can be lengthy and may take a number of months.

### **The final outcome**

Once all of the evidence has been collated and assessed the claims handlers will make a decision based on the legal liability of the Council: -

- If it is concluded that there is no liability and the claims handlers are not paying your claim you will receive a letter detailing why. If you wish to discuss this further you need to contact the claims handlers.
- If liability is accepted the claims handlers will make an offer of compensation, in writing, which they consider will accurately reflect an appropriate level of compensation in the circumstances.

### **Fraud**

Any claim that is found to have been fraudulently intimated or exaggerated, whether during the processing of the claim or subsequently, may be passed to the Police and/or Crown Prosecution Service and may be subject to a criminal prosecution

### **Queries**

Any queries please contact: -

e-mail [Liability.Claims@cardiff.gov.uk](mailto:Liability.Claims@cardiff.gov.uk)

Tel: 029 2087 2319/2253

Write to: **Cardiff Council, Insurance Claims, PO Box 9000, City Hall, Cardiff, CF10 3WD**

***You are entitled to seek independent legal advice at any stage  
during the processing of your claim.***

**Please retain these guidance notes for future reference**

**This form is also available in Welsh**

## City of Cardiff Council - Liability Claim Form



For a claim to be successful, you must prove that the damage/injury was the fault of the Council.  
Please refer to the Guidance Notes attached to this form. They are provided to help you complete the claim form correctly and to help avoid any unnecessary delays.

| <b>Section A: Claimant Details</b>   |  |
|--|--|
| Name:  | <u>Type of incident</u>  |
| Mr / Mrs / Miss / Other *      Male / Female *   | <b>Personal Injury*</b> If claiming for personal injury Section B <b>must</b> be completed |
| Address:   | <b>Other Damage*</b> Complete Section A and from Section C onwards                         |
| Postcode:  | Vehicle, Clothing, Property, etc.  |
| Telephone Number:  | * - Delete as appropriate  |
| Email address:   |  |
| Are you a Council tenant      YES <input type="checkbox"/> NO <input type="checkbox"/> | Preferred Method of Contact: Post <input type="checkbox"/> Email <input type="checkbox"/>  |

| <b>Section B: Personal Injury</b>   |                    |
|---|--------------------|
| National Insurance No:  | Employers Details: |
| Date of Birth:  |                    |
| Occupation:   |                    |
| Please describe injuries suffered in the accident / incident:   |                    |
| Have you consulted a doctor about these injuries?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |
| Name of Doctor:   |                    |
| Address:  |                    |
| Postcode:   |                    |
| Name of any hospital attended after the accident / incident:  |                    |
| Were you taken to hospital by ambulance?      YES <input type="checkbox"/> NO <input type="checkbox"/>          |                    |
| Name of Consultant / Doctor who treated you:  |                    |
| Are you still receiving treatment?      YES <input type="checkbox"/> NO <input type="checkbox"/>                |                    |



**Section E: Previous Report of Defect**

On what date(s) was the defect reported? (dd:mm:yyyy)

To whom was the defect reported?

On what date(s) were any repairs undertaken? (dd:mm:yyyy)

If a contractor carried out the repairs, please give their details, if known:

Please give details of any remedial / repair work carried out, if known:

**Section F: Property Damage Claimed****Receipts for damaged items and/or repairs estimates should be attached to this form**

| Description of items damaged | When bought | From where | Cost of item | Cost of repair/cleaning | Cost to replace |
|------------------------------|-------------|------------|--------------|-------------------------|-----------------|
|                              |             |            |              |                         |                 |
|                              |             |            |              |                         |                 |
|                              |             |            |              |                         |                 |
|                              |             |            |              |                         |                 |
|                              |             |            |              |                         |                 |
|                              |             |            |              |                         |                 |

**Section G: Witnesses**

Please supply name(s) and address(es) of witness if appropriate

**Section H: Household Insurance**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you have Home Contents or Building Insurance?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If Yes please provide the name of your insurer - _____  |                              |                             |
| Are your contents insured through the Council's own Home Contents Insurance Scheme?                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes to either of the above, have you made a claim for this loss/damage on your own insurance policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

## Section I: Important Notices

### Fair Processing

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see our Fair Processing Notice Condensed Text at [www.cardiff.gov.uk/fraud](http://www.cardiff.gov.uk/fraud) and the Fair Processing Notice Full Text on the Wales Audit Office website [www.wao.gov.uk](http://www.wao.gov.uk)

Or contact the Council's Data Protection Manager:

Room 356, County Hall, Atlantic Wharf, Cardiff, CF10 4UW Tel: (029) 2087 2087. Email: [dataloss@cardiff.gov.uk](mailto:dataloss@cardiff.gov.uk)

### Data Protection

Any data supplied by you will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law

### Insurance Companies – Fraud and Data Protection

Insurance companies maintain a number of anti-fraud and theft registers to help verify information and prevent fraudulent claims. The Council's insurers may search these registers as part of their investigation and will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

## Section J: Declaration

I certify that, to the best of my knowledge and belief, that the information given in this form is true and correct.

I confirm that I have read and understood the Notices contained in Section I and the guidance notes attached to this claim form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this completed form and return the original  
together with all supporting information to:

[Liability.Claims@Cardiff.gov.uk](mailto:Liability.Claims@Cardiff.gov.uk)

Or by post to:

City of Cardiff Council, Insurance Claims, PO Box 9000, City Hall, Cardiff, CF10 3WD

|            |            |             |   |                                     |             |
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