



Guidance Notes

Your Copy – Please Retain

The information provided on this form will be used in processing your Public Liability claim.

Fraudulent or Exaggerated claims may result in legal action against the claimant by Perth & Kinross Council.

If your claim is successful in connection with possessions or clothing, a deduction for “wear and tear” will be made.

Original receipts and estimates for repair/replacement must be produced to substantiate your claim.

If you have any queries regarding this form please contact:-
Insurance and Claims Team, Pullar House, 35 Kinnoull Street, PERTH PH1 5GD
Tel: 01738 475657 and send the completed form to this address.

This authority is under a duty to protect the public funds it administers, and to this end will 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 about this see:

<http://www.pkc.gov.uk/Council+and+government/Data+protection+and+freedom+of+information/Data+Protection.htm>

or contact the Council’s Data Protection Officer - Tel: 01738 475000
dataprotection@pkc.gov.uk

In terms of the Data Protection Act 1998, you are entitled to know what information Perth & Kinross Council holds about you on payment of a fee of £10.00.

Requests should be made to:-

Perth & Kinross Council, Data Protection Officer, 2 High Street, Perth, PH1 5PH



Public Liability Claim Form

Any person seeking to claim compensation from Perth & Kinross Council should complete this form. (It should be noted that compensation will only be considered if it can be shown that the Council is legally liable. This will involve proving that the Council has been negligent)

See attached Guidance Notes - Please retain these Notes for future reference.

Please print clearly and ensure that this form is signed and dated

Claimant Details – Details of the person claiming compensation

Name			
Address			
Postcode		Telephone No	
Occupation		Date of Birth	

Representative/Solicitor

If applicable please provide details of the representative or solicitor who is acting on your behalf.

Name			
Address			
Company			
Telephone Number		Fax Number	
Should future correspondence on this claim be addressed to this representative?			

Details of Incident

Date of Incident		Time	
Where did the incident happen? If it occurred on a Public footpath or Road please advise the road number/name and provide a sketch detailing distinguishing landmarks that will help to identify the exact location of the incident.			

Has this incident already been reported to a Council office? If so where and when?

Explain fully how the incident happened and give a description of the loss or damage incurred. If an injury was suffered please give details in the 'Injury Details' section

Details of items damaged

Description	When Bought	Where Bought	Cost to repair or clean	Cost to replace
			Total	

Why do you consider the Council to be at fault for your injury/loss?

If the incident was caused by a defect in Council property had the defect been reported to the Council prior to the incident occurring?

Who reported it?		When was it reported?	
Where was it reported?		Whom was it reported to?	

If the incident occurred because of work being carried out by contractors please give details of the Firm involved, if known.

Witnesses - Please provide details of witnesses

Name		Name	
Address		Address	
Telephone Number		Telephone Number	

Do you have any personal insurance that would cover this loss or damage?

If so please give details Insurers Name and address

Policy Number

Injury Details

Injuries sustained	
Name and address of doctor	
Postcode	
Telephone Number	
Have you consulted your doctor about these injuries	
Name of hospital attended after the accident	
Name of Consultant who treated you	
Are you still receiving treatment?	

Employment Details

If you suffered injury as a result of the incident our insurers may be required to advise the Department of Social Security (Compensation Recovery Unit) and they will require the following details

National Insurance Number	
Name of Employer	
Employers Address	
Postcode	
Employers Telephone Number	
Employee Works Number	
Date of absences as a result of accident	

Please SIGN and DATE

Signature of Claimant:		Date:	
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PLEASE NOTE:-

Any data held by Perth & Kinross Council may be used for cross-system and cross-authority comparisons for the prevention and detection of fraud in line with the National Fraud Initiative. Fraudulent or Exaggerated claims may result in legal action against the claimant by Perth & Kinross Council.

Please return this form to:
Perth & Kinross Council, Corporate Insurance & Claims Section,
Chief Executive, Finance Division, Pullar House, 35 Kinnoull Street, PERTH PH1 5GD