



North Tyneside Council

DAMAGE TO PERSONAL PROPERTY INSURANCE CLAIM FORM

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

- In order to succeed in a claim against the Council / KIER North Tyneside you must demonstrate that the council has been negligent and / or in breach of its statutory duty as landlord of the property.
- If you have your own Insurance Policy, then you are advised to submit a claim to your own Insurers since there may be cover for damage of this nature.
- The fastest and easiest way to make a claim is to use your own Insurance Policy
- The Council may, when assessing a successful claim, take into account the wear and tear to the item that you are claiming for.

NOTE

Completion of this form does not imply an acceptance of liability on the part of North Tyneside Council / KIER North Tyneside

We want to make it easier for you to get hold of information you may need about the services we provide. We are able to provide our documents in alternative formats including audio tape, large print and different languages. **Please call 0191 643 5869.**

WARNING: We must protect the public funds we handle, so we may use the information relating to your claim to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations, which handle public funds.

NOTE: IN ALL CASES, PLEASE SUPPLY DATES, TIMES AND LOCATIONS WHERE RELEVANT TO YOUR CLAIM. FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM OR THE INCOMPLETE FORM BEING RETURNED

SECTION 1

Mr / Mrs / Miss / Ms Name: _____
 Address: _____

 Post Code: _____ Tel. No: _____

SECTION 2

Date Of Incident: _____ Time: _____ am/pm
Incident Location: Address: _____

 Postcode: _____

SECTION 3 – Only complete this section if damage has been caused by a Leak, Rainwater or Sewerage

(i) Please state the source of the leak (e.g. tank, radiator, roof):

(ii) Please state the location of the leak. Where did the damage occur? (e.g. which room):

(iii) When did you first notice the leak?

Date: _____ Time: _____

(iv) When did you first report the leak?

Date: _____ Time: _____

(v) When did North Tyneside / KIER attend?

Date: _____ Time: _____

(vi) Who attended? (*Please tick*)

Daytime Service

Emergency Call-Out

(vii) Has North Tyneside Council / KIER previously carried out any work in the location of the leak?
If yes, please give full details including times and dates:

Work undertaken: _____

Date: _____ Time: _____

SECTION 4 – Only complete this section if damage is alleged to have been caused by the action of the employee(s), (e.g. carpet, broken ornament etc)

(i) Please provide full details of how the item(s) was damaged:

(ii) What repair/action/work was being undertaken when the damage occurred?

(iii) Who was carrying out the work when the damage occurred? *(Please tick)*

KIER

Contractor

Name of Contractor *(If known)*

(iv) Were any of the above notified of the damage when it occurred? – YES / NO

If not, please explain why?

SECTION 5 – Only complete this section if damage has been caused to a Motor Vehicle

Please give full details of how the damage occurred including all relevant dates and times.
(Refer to the guidance notes which will tell you what additional information you need to enclose with your claim form)

SECTION 6 – Only complete this section if damage has been caused by any other circumstances not covered in previous Sections

SECTION 7 – Please complete this section in ALL CASES.

NOTE: All damaged items listed below must be retained for examination by our Claims Investigators

ITEM DAMAGED	ORIGINAL COST	ESTIMATED PRESENT VALUE	EXTENT OF DAMAGE

Please add any additional information to support your claim.

NOTE: You are required to provide 2 estimates / proof of purchase and photographs of the damage (if available). Please enclose these with your completed form

SECTION 8 – Insurance

(i) Do you have your own Insurance Policy to cover any of the damaged items?
(Including Housing Management's Tenants Contents Insurance Scheme) - YES / NO / NA

If YES, please give details: Company: _____

Policy Number: _____

SECTION 9 – Declaration

I declare that the above are true and correct and confirm that I have not claimed for these Items by any other means.

Signed: _____

Date: _____

Submit Completed Claim Form to:
Claims & Insurance Section
Finance & Resources Directorate
Floor 2 Right, Quadrant East
Silverlink North
Cobalt Business Park
Newcastle upon Tyne
NE27 0BY