



Accident Report Form – Personal Injury Claims	
Reference No.	

WSH 8 F005 V2.3

Please read the attached Guidance Notes before completing this form.

In addition to completing the 'Claim Notification Form (PL1)', please complete this 'Accident Report Form'. The additional information provided on this form will help us consider your claim. Please ensure that you answer **all** questions. If a question is not applicable to your claim please write N/A on the form. Include as much detail as you can. Dealing with your claim may take longer if we have to ask you for information or request documents that you have failed to submit.

Complete in **blue** or **black ink**.

Please note that where documents are requested you should supply **copies** only, not the original, as we are unable to return them.

Your Details:

Title		Surname	
First name(s)			
Address			
Post Code		Telephone number	
Email address			

Accident Details:

How did the accident occur?	<p>Please describe exactly what happened and how the accident occurred. Further space is provided in the section titled 'Additional Information'. Please provide a map marked with a cross to show the location and an arrow showing the direction you were travelling. If you are able, please attach photographs showing the location and surrounding area.</p>				
How were you travelling? Please circle as appropriate.	Driving	Cycling	Walking	Other (describe)	
Weather conditions at the time of the accident. Please circle as appropriate.	Clear	Cloudy	Foggy	Freezing rain	Hail or sleet
	Raining	Snowing	Windy	Other (describe)	
Light conditions at the time of the accident. Please circle as appropriate.	Dawn	Daylight	Dusk	Dark	



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Any other people involved and Witness Details:

Was anyone else involved in the incident?	Yes	No
If yes, please give their names and addresses.	1.	
	2.	
Were there any witnesses who are prepared to give a statement?	Yes	No
If yes, please give their name, address and contact telephone number.	1.	
	2.	

Police Details:

Did the Police attend at the time of the accident?	Yes	No
If yes, please give the Police Reference number and details of the investigating Police Officer.		
Did you inform the Police after the accident?	Yes	No
If yes, please give the Police Reference number and details of the investigating Police Officer.		



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Additional Information:

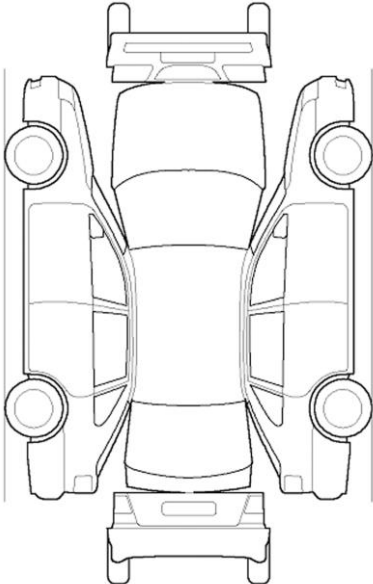
Use this space to provide any additional information relating to your claim e.g. details and evidence of loss of income and/or money you have had to spend in connection with the accident.

Vehicle, motorcycle, bicycle, or other property damage:

If your vehicle, bicycle or other property was damaged as a result of the accident please complete the following section.

Please remember to provide **copies** of all relevant documents requested. Failure to submit requested documents may delay the processing of your claim.

Have you reported this incident to your insurance company?	Yes	No	
If yes, please give details (Claim reference number, date of claim etc).			
If no, why did you not inform your insurance company?			
Type of property damaged. Please circle as appropriate.	Vehicle	Bicycle	Other (describe)
Vehicle / motorcycle / bicycle details	Make of vehicle	Model	Year of manufacture / Registration Number
Insurance company details: Please note a copy of your Insurance Certificate must be supplied for claims relating to damage to a vehicle.			
Name of company			
Address			
Policy Number			
Expiry date			

Drivers licence details (Name, number and date of expiry)	
<p>Please give details of the damage sustained to your vehicle, bicycle or property. Use the diagram opposite to indicate the area of damage to a car.</p>	

What was your approximate speed at the time of the incident?	mph	
Cost of repair (please include copy of estimate, quotation or invoice):	£	
Following the incident were repairs carried out immediately?	Yes	No
Do you use this vehicle in connection with your business other than travelling to and from work?	Yes	No

If you have been involved in an incident with a gritting lorry please complete the following questions:

Were the yellow hazard warning lights flashing on the gritting lorry	Yes	No
Which direction was the gritting lorry travelling in respect to you?	Same direction as you	Towards you
What avoiding action did you take to minimise the effect of grit impacting your vehicle? (please state)		
How close were you travelling behind the gritting lorry?		



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Declaration:

Documents that should be included for your claim:

Have you included any details about loss of income?	Yes	No
Have you included copies of evidence for money you have had to spend in connection with this accident?	Yes	No
Have you included a map and photographs indicating the exact location of your accident?	Yes	No

Documents you will need to provide to support your claim for damage to a vehicle:

Have you included a copy of your insurance certificate?	Yes	No
Have you included a copy of your V5 (vehicle registration document)?	Yes	No
Have you included a copy of your MOT certificate?	Yes	No
Have you included a copy of your repair estimate?	Yes	No

Privacy Notice

West Sussex County Council is the Data Controller for the purposes of the Data Protection Act 1998. This means that West Sussex County Council is responsible for making decisions about how your personal data will be processed and how it may be used.

Personal information you provide will be treated confidentially at all times and may be used in a number of ways, in particular for the following purposes: -

- Making decisions about whether to settle or reject your claim;
- The resolution of disputes through the courts;
- The detection and prevention of fraud;
- Compliance with legal and regulatory requirements;

In connection with the above we may share your information with: -

- Our insurers, insurance brokers and loss adjusters;
- Other local authorities;
- Contractors and utilities;
- Government departments and agencies such as the Driver and Vehicle Licensing Agency (DVLA), the Vehicle & Operator Services Agency (VOSA), the Motor Insurer's Bureau (MIB) and the Compensation Recovery Unit (CRU).

Security safeguards apply to both manual and computerised held data, and only relevant staff/named disclosures can access your information.

Please note that in the case of personal injury claims, we are required to submit your national insurance number and date of birth to the Compensation Recovery Unit, part of the Department for Work and Pensions.

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, including the Audit Commission.

If you have any queries regarding data protection, contact the Data Protection Officer.
Tel: 01243 642105



Statement of Truth

I believe that the facts stated in this Incident Report Form are true. I have read and understand the Privacy Notice and authorise the County Council to carry out any necessary enquiries to verify the information I have provided. I will notify the Council immediately if there are any changes to the above information.

Signed:

Date:

Print Name:

Please complete this form and return to:
Highways & Transport West Sussex Capita Partnership
The Grange, 2nd Floor, County Hall Chichester PO19 1RG