

COMPENSATION CLAIMS

A Guide for Tenants and Leaseholders

~~For information~~
~~about this form~~

have a justified claim for compensation against the Housing Service.

~~For information~~

carried out or is still awaited you should fill in Part Two of the attached form and send it to us

~~at the~~

~~at the~~ **must be notified to us in writing**

within 28 days of when the damage occurred or from the time you first became aware of the

CLAIM FOR COMPENSATION

A Guide for Tenants and Leaseholders

Please note that the issue of this form does not constitute acceptance of liability.

Please complete **ALL** ~~the~~

Full name:

Address:

Daytime Telephone Number:

Date of Birth:

Are you a Council Tenant?

Yes No

Leaseholder?

Yes No

Do you have any contents insurance?

Yes No

If Yes, supply name and address of the insurance company and supply the policy number:

Do you have any ongoing claims against the Council?

Yes No

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Have you made a previous claim against the Council?

Yes No

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PERSONAL INJURY CLAIMS ONLY

Full name of injured person: (if different from claimant)

Date of accident:

Place of accident:

Who has the accident been reported to:

Did you attend a GP surgery or hospital?

Yes No

If Yes, please state date and name of surgery/hospital attended

Names and addresses of any witnesses:

Details of injury and how the injury occurred:
(continue on a separate sheet if necessary)

PERSONAL BELONGINGS CLAIMS ONLY

Full name of owner (if different from claimant):

Date of damage:

List of items damaged: (continue on a separate sheet if necessary)

Item	Date of Purchase	Serial No. (if applicable)	Cost when purchased	Condition of Item
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Send copies of receipts (not originals) if available

<p>You should keep any damaged items you are claiming for until your claim is settled.</p>

Where can the items be inspected?

Details of damage and why you consider the Housing Service or its agents to be responsible: (continue on a separate sheet if necessary)

DECLARATION

I/We declare that the details above are true and complete.

The City Council reserves the right to offset any outstanding debt you may have at the time of settlement and deduct this from any compensation payment.

Signed:

Date:

Detach Part Two of this form and return it to us at the address shown on page one. Keep Part One for your information.