

THE PROVISION OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY ON BEHALF OF EAST SUSSEX COUNTY COUNCIL OR SUGGEST THAT YOU WILL AUTOMATICALLY RECEIVE COMPENSATION.

- Please report any dangerous defects to the East Sussex Highways team as soon as possible by visiting www.eastsussexhighways.com or if you think it may be an emergency situation, please call the Contact Centre immediately on 0345 60 80 193
- East Sussex County Council has a duty to protect public funds. Any claims where fraud is suspected will be investigated and appropriate action taken when fraud is detected.
- Please make sure you provide as much information as possible about your incident to enable us to investigate your claim quickly and efficiently. You are required to precisely identify the incident location and alleged defect before we can formally investigate your claim. Failure to do so may result in our returning the form to you for further information.
- Our Privacy Policy for the claims process can be found by visiting: <https://www.eastsussexhighways.com/privacy-notice-eshclaims>

CLAIM FOR: (please tick) **Property damage** **Personal Injury**

1. DETAILS OF CLAIMANT			
Title			
First name		Surname	
Address			
Post code			
*Email			
Daytime phone		Mobile	
Occupation		Date of birth	

* We regret that we cannot routinely correspond via e-mail.

2. INCIDENT DETAILS

Please include full incident details, cause of damage and reasons why you consider the authority to be at fault (please use further sheets if necessary).

Were you previously aware of the defect? Yes No			
Have you reported the defect?		Reference No.	
Date of Incident	/ /	Time of Incident	am/pm
Weather Conditions		Vehicle speed	

3. LOCATION DETAILS

Road Name and Town e.g. B2104 London Road, Hailsham

Nearest Point of Reference
 please supply a house number/name or significant landmark nearest to where the incident occurred; e.g. Outside number 12 or opposite the Post Office

Direction of Travel e.g. Southbound between Horsebridge and Hailsham

HIGHWAYS INCIDENT CLAIM FORM
CASE REFERENCE:

4. LOCATION PLAN

Please provide a detailed sketch plan of the incident clearly indicating:

- your direction of travel;
- the position of any other vehicles;
- the position of any witnesses; and
- any landmarks and house numbers that you have referred to in your written description of the incident

You may wish to attach and annotate a map downloaded from the internet

5. ROADWORKS

If the incident occurred at the site of road works, please state the name of the contractor or utility company, if known*:

* Where a claim has occurred as a result of works carried out on the highway by a utility company or contractor your claim may be against them and not East Sussex County Council. Subsequently, information relating to your claim may be passed on to any relevant third parties (such as contractor, or an insurer) solely for the purpose of processing a claim.

6. WITNESSES

If there were any witnesses to the incident please provide their details below

Witness 1		Witness 2	
Name		Name	
Address and phone no.		Address and phone no.	
Relationship		Relationship	

HIGHWAYS INCIDENT CLAIM FORM
CASE REFERENCE:

7. VEHICLE / PROPERTY DAMAGE (if applicable)

Please describe the damage to your vehicle/ property

Are you the registered owner of the vehicle?

Vehicle registration

Vehicle make/model

If you are not the registered owner, please explain your reasons for making this claim:

Have you already carried out repairs?

Are you VAT registered?

If repairs have not been carried out, please explain why not:

Wheel/Tyre Damage

Front Left

Rear Left

Front Right

Rear Right

Mileage covered by tyre before the incident

Date tyre last changed before incident (with supporting evidence)

/ /

Other damaged suffered:

TOTAL COST CLAIMED*

Have you submitted a claim to your motor insurer for the damage which is the subject of this claim?

Yes No

Name of Insurer

Policy Number

Have you ever made a claim against ESCC for damage to vehicle/ property?

Yes No

Date of any previous claim

/ /

Locations of Incident

Details of Loss

* As a publicly funded body, we have a responsibility to spend as efficiently as possible. This means we are unable to replace an old tyre with a new one. A fair deduction is usually made in respect of wear and tear in the event of a successful claim.

HIGHWAYS INCIDENT CLAIM FORM
CASE REFERENCE:

8. POLICE DETAILS

Were the police contacted/informed of the incident?

Police Reference Number

9. ENCLOSURES CHECKLIST

Please only send copies, we cannot return documents

Please attach or enclose the following mandatory documents:

- Vehicle Registration document
- Insurance Certificate
- MOT Certificate (If required for the Vehicle)
- Map marking exact location of the incident with an 'X'
- Receipted Invoice/Estimates

It would be helpful to attach or enclose the following documents:

- Proof of last service
- Dated photographs of defect and surrounding area
- Dated photographs of the damage

HIGHWAYS INCIDENT CLAIM FORM
CASE REFERENCE:

10. PERSONAL INJURY (if applicable)

Please describe the circumstances of the accident and how your injuries occurred
A photograph showing the hazard or defect and the surrounding area would be helpful

Name and address of Hospital Attended		Date Attended	/ /
Name of GP consulted		Date Attended	/ /
National Insurance Number			
Have you made any previous claims for this injury, or previously suffered a similar injury?			
Date of incident			
Location of Incident			
Details of Injury/Loss			
Details of your earnings if your claim involves loss of earnings.			

Please complete the consent form on the next page so that our insurers can access supporting medical notes.

HIGHWAYS INCIDENT CLAIM FORM
CASE REFERENCE:

CLAIMS FOR PERSONAL INJURY ONLY			
CONSENT FOR ACCESS TO MEDICAL/ AMBULANCE RECORDS			
First name of claimant			
Surname of claimant			
Address of claimant			
Claimant Date of Birth			
A&E Hospital Name			
Ambulance Service Name			
NHS No.			
General Practitioner Name			
GP Address			
<p>I hereby give East Sussex Highways / their Insurers / their Nominated Solicitors access to my medical records / x-rays / ambulance records</p> <p>The release of these notes is for medico-legal purposes in relation to a claim for my accident on (insert date).</p> <p>There is no suggestion of a medical negligence claim.</p>			
Signed		Date	
Print Name			

FOR ALL CLAIMS

Completed claim forms and accompanying information / documentation should be sent to:

East Sussex Highways
 Highways Claims Co-ordinator
 Ringmer Depot,
 The Broyle,
 Ringmer,
 BN8 5NP

Please read and sign the declaration below.

Statement of Truth

I believe the facts stated in this Highway Incident Claim Form are true.

I will notify the East Sussex Highways immediately if there are any changes to the above information.

Signed Name

Date