

# Claim Form



**IMPORTANT** Insurance fraud is a crime against the members of Bron Afon. We take it very seriously and identify all such claims and will not hesitate to pass on information to the police. If you have any information which may assist in preventing fraud please let us know.

The information below is requested entirely without prejudice to the question of liability. If you need this form in Welsh, another language or format, please contact us on 01633 620 111.

**Bron Afon Claim Ref:**

(office use only)

**Your Ref:**

Please answer **all** questions, (where applicable), particularly the sketch plan. If detailed information is **not** provided, this may cause delay in the investigation of the incident.

**1** Claimant's surname:

**2** Claimant's first name:

**3** Claimant's full address:

**4** Do you have a disability (please state): Yes ☐ No ☐ Prefer not to say ☐

**5** Contact telephone number:

**6** Date and time the loss / damage occurred:

**7** Exact location of damage (i.e. name of street / road, etc.) :

**8** Condition at time of incident: (Please tick all that apply)

- ☐ Dry
- ☐ Wet
- ☐ Daylight
- ☐ Dusk
- ☐ Dark
- ☐ Clear
- ☐ Mist
- ☐ Fog
- ☐ Snow
- ☐ Ice

**9 Property Damage**

Please explain fully how the damage to your property occurred and the cause (which rooms / areas have been affected).

**10** Have you made a formal complaint to Bron Afon in relation to this incident? (if so, please provide full details of when the complaint was made, i.e. to whom, via letter / telephone)

**11** Please give reasons below why you consider Bron Afon to be responsible  
(continue on reverse of this form if necessary)

**12** Full name and address of any witnesses to the incident  
(please indicate if witness is your relative / staff member / councillor / other - please specify):

**13** If appropriate, a sketch plan should be drawn in the space below, indicating the exact site of the incident and clearly showing street names and nearby landmarks such as houses, street lamps or other conspicuous objects.

**14** Are you insured against loss / damage / injury of this nature?: Yes ☐ No ☐  
(if yes, please provide name and address of insurer and policy number)

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**15** It may be suggested that you refer your claim to your own insurer as your cover with them may be on a New for Old basis. Claims made against Bron Afon are dealt with strictly on an indemnity basis, which is based on the value at the time of loss and takes into account general wear and tear.

| Item | Purchase date | Purchase price | Value at loss | Repair cost |
|------|---------------|----------------|---------------|-------------|
|      |               |                |               |             |

Are the damaged items still available for inspection: Yes ☐ No ☐

**16** Please give details of any injuries sustained:

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**17** Please give details of attendance at hospitals / GP:

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**18** Did the Emergency Services attend? (if so, please indicate below): Yes ☐ No ☐  
Police / Fire Service / Ambulance    Crime Reference Number (if applicable):

**Data Protection:** You consent to us holding and processing information (including sensitive personal data) that you have provided or has been provided by third party or will be provided in the future to perform our functions. This may involve disclosure to certain third parties who are able to show that they are entitled to receive information. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law.

I / We consent to the information on this form and subsequently provided, being processed and supplied to Insurers, Claims Handlers, Solicitors and other parties appointed in order that this claim can be dealt with in accordance with current Civil Litigation Procedures, the general conduct of this claim and with a view to combating fraud. I / We declare that the particulars given on this form are true and complete.

**Signature:**

**Date:**

Further information (If applicable):

**Please return fully completed form to:**

**Insurance and Risk Section  
Bron Afon Community Housing  
William Brown Close  
Llantarnam Industrial Park  
Cwmbran  
Torfaen  
NP44 3AB**