

**Swindon Borough Council  
Incident Questionnaire for Members of the Public  
Property**



**Warning – Fraud**

A fraudulent claim will result in the loss of all compensation and may lead to the institution of criminal proceedings. Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register).

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided as part of this application 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.

For further information, please see the Swindon Borough Council's website ([www.swindon.gov.uk/nfi](http://www.swindon.gov.uk/nfi)) or contact the council's Internal Audit section at Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH

Our Privacy Notice can be viewed at: [www.swindon.gov.uk/insuranceprivacynotice](http://www.swindon.gov.uk/insuranceprivacynotice)

*Please complete in Black Ink only*

**Full Name: Mr/Mrs/Miss/Ms**.....  
**Address:** .....  
.....  
**Post Code:** ..... **Telephone Number:** .....  
**E-Mail Address**.....  
**Date of Birth:** ..... **Age:**..... **Occupation:**.....  
**Employment Status: F-Time/P-Time Employee/Self Employed** .....  
**National Insurance Number:** .....

**Date of Incident:** ..... **Time:** .....am/pm  
**Date first reported:** ..... **To Whom:** .....  
**How first reported: Telephone/Letter/Other** .....

**Please detail as clearly as possible the incident and how it occurred:**

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**Witnesses: (Please enclose any supporting statements)**

**Name:** .....

**Address:** .....

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**Reason you consider the Council to be at fault:**

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**ITEMS DAMAGED IN THE INCIDENT**

**Contents:** Please forward a copy of the original receipt or paid invoice for the item that has been damaged. If you do not have the receipt we will need to see two estimates for the repair or replacement of any damaged item.

**Building Repairs:** We will need to see two estimates for the repair works or a copy of the paid invoice if repairs have been completed.

Description of item	When and where purchased	Price Paid

**No compensation can be paid unless we have copies of estimates/receipts. Please note compensation if offered is not on a new for old basis.**

**Is the item insured another insurance policy? Yes/No**

**If Yes, give details:**

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**Have you suffered an incident of this nature previously? Yes/No**

**If Yes, please give details:**

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**Any other supporting information, which may be of use to us in assessing your claim:**

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**I declare that all answers are true and correct.**

**Signed:** .....

**Date:** .....

**Upon completion please return to:  
Swindon Borough Council  
Insurance Section  
Civic Offices  
Euclid Street  
Swindon  
SN1 2JH  
E-mail: [insurance@swindon.gov.uk](mailto:insurance@swindon.gov.uk)**