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## Claim for Personal Injury Compensation

(Please read the attached Information Leaflet carefully before completing this form)

- Please help us to assess your claim for compensation as quickly as possible by providing as much information about the accident as you can. Failure to complete this form fully may cause a delay in dealing with your claim if further information has to be requested. (PLEASE USE BLOCK LETTERS AND BLACK INK)
- The issue or acceptance of this form does not imply any acceptance of liability by the Department.
- Under the Social Security Administration (NI) Act 1992, this unit is required to supply certain information about every personal injury claim to the Compensation Recovery Unit of the Social Security Agency. Completion of the details of claimant, details of accident and details of injuries/loss section of this claim form fulfil the information requirements of that Act. Your claim cannot be progressed without that information.
- Insurers and other compensators maintain a register of claims for compensation for personal injury to enable the exchange of information with each other to prevent fraudulent claims. The register is operated by the Association of British Insurers through Insurance Database Services Ltd. This information will be made available to other Insurers/Compensators who are members of the register. A list of participants is available from the London Office of the Association of British Insurers.

### Details of Claimant

**1. Please give your full name and address**

Title: Miss/Ms/Mrs/Mr/Dr _____
Full Name _____
Maiden Name _____
Address _____
_____
_____ Postcode _____
Telephone No: _____

**2. Date of Birth**

D	D		M	M		Y	Y	Y	Y

**3. National Insurance Number**

L	L		N	N		N	N		N	N	L

**4. Name and address of Employer**  
(if applicable)

Name _____
Address _____
_____
_____ Postcode _____

Tá an fhoirm éilimh seo ar fáil i nGaeilge fosta. Déan teagmháil linn, le do thoil. Tá na mionsonruithe teagmhála ar fad ann ag bun na foirme seo.

## Details of Accident

Please now tell us about the accident in as much detail as possible. As our Information Leaflet explains we need to establish the exact location of the accident so that our claims investigators can check through the inspection and repair records. If the engineers have difficulty in identifying the place and cause of this accident then you may be asked to meet with them to show exactly where the accident happened.

**5. State date and time of accident**

(The precise date and time are required to enable your claim to be fully investigated)

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

**6. Where did the accident happen?**

(Please also include the town nearest to where the accident happened)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. In which direction were you travelling at the time?**

From \_\_\_\_\_

To \_\_\_\_\_

**8. Photographs showing accident location**

If you enclose photographs which do not show the date and time they were taken please state that information here. See Information Leaflet.

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

The space below is provided for a sketch to assist identifying the location. Please include as many identifying features as possible, e.g. street names, house numbers, street light numbers. Please indicate direction of travel by using an (→) and an (X) to mark where the accident happened.

\_\_\_\_\_

**9. Please say what caused the accident and why you hold the Department responsible**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of Injuries/Loss**

**10. Please give details of the nature of your injuries**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Did you attend hospital or your GP as a result of this accident?**

YES  NO

**12. If YES please provide details of hospital attended or name and address of GP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Please give details of any other loss or damage (e.g lost earnings/property damage)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of Witnesses**

**14. Did anyone witness the accident?**

YES  NO

**15. If YES please give their names and addresses, continue on a separate sheet if necessary**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

**Claim**

**16. Have you lodged a claim for this accident with any other person or body?**

YES  NO

**17. If YES please give the name and address of the person or body and any reference number.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Reference No: \_\_\_\_\_

Thank you for completing the previous details. We will now have your claim assessed and let you know the outcome as soon as possible, but this process takes an average of 7 months to conclude.

The personal information you provide on this form will be processed by the Department's Central Claims Unit for the purposes of managing and operating claims handling and any related litigation work. This may include making information available to other departments/agencies/contractors/undertakers/other parties to whom the claim has been referred by the Department. The Department may use non-personal statistical data collected to analyse current and plan for future uses of the claims handling and any related litigation work. The Department may also use personal data collected to investigate cases of alleged fraudulent use.

### **Form of Declaration**

Please now read the declaration below and sign your claim and send it to either of the offices listed below.

In the circumstances stated, I now claim compensation from the Department for Regional Development. I am willing, if requested, to meet a representative, to point out the exact accident location.

I declare that in completing this compensation application form I have made full and frank disclosure and that the information and documents provided are true and accurate to the best of my information, knowledge and belief.

I understand that it is the Department's duty to refer all suspected fraudulent claims to the Police Service of Northern Ireland and that if the Department has any concerns about this claim, this claim form and all supporting documentation will be passed to the Police Service of Northern Ireland Fraud Squad.

Signed _____	Date _____
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You may return the completed claim form to either of our offices in Belfast or Londonderry. You will find the addresses of both offices at the bottom of this page.

We would like to acknowledge receipt of your claim as soon as possible. In order that we may do so, please complete the acknowledgement slip overleaf by writing your name and address in the space provided. It will be returned to you by 2<sup>nd</sup> class post.

**Belfast Office:** Clarence Court, 10/18 Adelaide Street, Belfast BT2 8GB. Tel: (028) 90540540

**Londonderry Office:** Orchard House, 40 Foyle Street, Londonderry BT48 6AT, Tel: (028) 7131 9900



Department for

**Regional  
Development**

www.drdni.gov.uk

AN ROINN

**Forbartha Réigiúnaí**

MÄNNYSTRIE FÜR

**Kintra Pairts Fordèrin**

## **CLAIMING AGAINST THE DRD FOR PERSONAL INJURY INFORMATION LEAFLET**

**(Please detach and retain for future reference)**

### **Introduction**

The Central Claims Unit (CCU) is responsible for processing all public liability claims against the Department for Regional Development.

You may claim compensation against the Department for personal injury resulting from the Department's failure to execute its statutory functions. Most claims however concern maintenance of the Roads and the purpose of this information sheet is to explain:-

- a) The Department's defence against claims arising from road accidents;
- b) How to make a claim;
- c) The timescale for dealing with such claims; and
- d) The complaints procedure if you are dissatisfied with the way in which your claim has been handled (although this does not include disagreement over the Department's final decision or the value of a claim).

### **Is Compensation automatically guaranteed?**

**Compensation is not automatically guaranteed.** Article 8 of the Roads (NI) Order 1993 allows you to claim compensation, but also provides the Department with defences to such claims. If the Department can show that it operated a **reasonable system of inspection and repair of the road in question**, you will not be entitled to compensation. This principle has long been accepted in numerous Courts throughout Northern Ireland. Thus, if your accident has happened in spite of a system of regular inspection and prompt repair, then your claim will be rejected. Similarly if your accident was caused by a very small defect in the road, or by something sitting on the road (eg. rubbish or other debris) then the Department for Regional Development would again not be responsible for any damage caused. As a result of this legislation, the Department must thoroughly investigate every claim to establish whether or not it has a defence to the allegation made.

### **How do I claim?**

In order to claim, it is necessary to complete and sign the attached claim form and return it to the Central Claims Unit together with photographs of the cause of the accident.

### **Timescale**

The **average timescale for a decision to be taken on a claim is approximately 7 months.**

Unfortunately, the Department cannot influence the timescale of responses from other Parties. To thoroughly investigate your claim, CCU must check the following:

- 1 Inspection and repair records
- 2 Other records, (e.g. public complaints)
- 3 Whether or not a Contractor or Service Authority is involved.

These investigations can take some time therefore your patience is appreciated.

## Will I have to attend a site meeting?

It is essential that the exact accident location is identified to the Department and our investigation cannot commence until it is known.

- Please provide any photographs you may have of the alleged accident locus. It would be helpful if these included not only close-up shots of the defect but also the defect at a distance and in the context of the surrounding area to enable its exact location to be identified by local Roads Service staff. Indicate on the photographs the direction of travel and identify the precise cause of the alleged accident. Please also advise us of the date on which the photographs were taken, and who took them. If we are unable to identify the exact accident location from the photographs or if the photographs are not available, it will be necessary to arrange a site inspection with a DRD representative so that the location can be pinpointed.

Once the accident location is known then a detailed report and sketch is compiled to enable the Department's Engineers to carry out the various record checks and enquiries. Without a specific accident location, the claim cannot be investigated. **However, you should contact CCU immediately if you are unable to attend a joint site inspection.**

## Decision on Liability

Once your claim has been thoroughly investigated, a decision is taken whether to settle it, reject it or refer it to another party, e.g Contractor.

## Referral of claims to “undertakers” under the Street Works (Northern Ireland) Order 1995 and other parties under the Roads (Northern Ireland) Order 1993

From investigations, it may be established that a statutory undertaker or private licensee or another party has caused the defect in question. Such bodies or persons are in law responsible for claims arising from their works. If CCU is satisfied that such a party is responsible for the defect in question, CCU will notify you of this and refer your claim to the responsible party. This party shall be responsible for dealing with your claim and **not** DRD.

## Fraudulent Claims

It is the Department's duty to refer all suspected fraudulent claims to the Police Service of Northern Ireland for further investigation and, if appropriate, prosecution.

## Internal Complaints Procedure

If, during or after the processing of a claim, you wish to complain about any aspect of CCU's service or treatment of your claim (i.e. how we have handled the case), you should send full details to:

The Claims Manager  
Department for Regional Development  
Central Claims Unit  
Clarence Court  
10/18 Adelaide Street  
Belfast  
BT2 8GB

Your complaint will be investigated and a reply will be sent to you within two weeks. However, complaints about the Department's decision will not be accepted, since the proper and appropriate method to challenge a legal decision of the Department is through the legal process by issuing court proceedings through your solicitor.

## Parliamentary Commissioner for Administration

Our internal complaints procedure is not a substitute for your right to complain to the Parliamentary Commissioner for Administration (the Ombudsman). You should note however, that the Commissioner will normally expect you to have used our own procedure before your complaint is accepted.

The <b>Commissioner's</b> address is:	The Ombudsman's Office	or	The Ombudsman
	33 Wellington Place		Freepost
	BELFAST		BELFAST
	BT1 6HN		BT1 6BR
	Tel: 028 9023 3821		Tel: 0800 343 424