Criminal Damage
Compensation

Notice of Intention

You may be entitled to compensation if there has been physical damage to your property or vehicle – the damage must have been caused:

*Unlawfully, maliciously or wantonly by an unlawful assembly of three or more people; and/or

*by an act of terrorism

Department of Justice
www.justice-ni.gov.uk

Compensation Services
2nd Floor
Waterfront Plaza
8 Laganbank Road
Belfast BT1 3LY
Telephone: 0300 200 7887

Apply for compensation
Compensation Services

For Official use only

Reference Number
Criminal Damage Compensation

If more space is needed, please use the Extra Information section on page 13

*indicates that this box must be completed

Criminal Damage

If you are applying on behalf of a Company please go to the Company Details Section.

Claimant

The claimant is the person claiming compensation

*Title

Other title

*First name(s)

*Surname

Other surnames

Maiden name or other surnames you have used

*Marital status

*Gender

*Date of birth

Day

Month

Year

National Insurance number

It’s on your National Insurance card, benefits letter, payslip or P60

If there is more than one Claimant please give details (as above) on a separate sheet and attach it firmly to this form
**Claimant contact details**

*Address line 1*  
*Address line 2*  
Address line 3  
Postcode  
*Country*  
*Contact number*  

Include area / country code  

Email address  

Will only be used for correspondence
Criminal Damage Compensation

If more space is needed, please use the Extra Information section on page 13

*indicates that this box must be completed

Company details

*Address line 1

*Address line 2

Address line 3

Postcode

*Country

Contact number

Include area / country code

Email address

Will only be used for correspondence
# Criminal Damage Compensation

*indicates that this box must be completed

If more space is needed, please use the Extra Information section on page 13

## Representative’s Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Title</td>
<td></td>
</tr>
<tr>
<td>Other title</td>
<td></td>
</tr>
<tr>
<td>*First name(s)</td>
<td></td>
</tr>
<tr>
<td>*Surname</td>
<td></td>
</tr>
<tr>
<td>*Organisation</td>
<td></td>
</tr>
<tr>
<td>Name of organisation / firm</td>
<td></td>
</tr>
<tr>
<td>Document exchange (DX) number</td>
<td></td>
</tr>
</tbody>
</table>

*If you are a solicitor, please fill in your DX number*

| Your reference number         |                                                                         |
|                              | *If you want us to give a reference number when we write to you*         |

## Representative’s contact details

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>*Country</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
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</tr>
</tbody>
</table>

*Include area / country code

Email address

*Will only be used for correspondence*
**Criminal Damage Compensation**

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---

### Incident details

<table>
<thead>
<tr>
<th>*What are you claiming for?</th>
<th>Building</th>
<th>Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consequential loss</td>
<td>Contents</td>
</tr>
<tr>
<td></td>
<td>Stock</td>
<td>Fixtures and fittings</td>
</tr>
<tr>
<td></td>
<td>Demolition</td>
<td>Other</td>
</tr>
</tbody>
</table>

*When did the incident happen?*

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

*Location of damage*


*How was the damage caused?*

<table>
<thead>
<tr>
<th>Fire</th>
<th>Riot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonfire</td>
<td>Explosion</td>
</tr>
<tr>
<td>Joyriding</td>
<td>Petrol bomb</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If ‘Other’ was selected above, tell us how the damage was caused

Which police station has details of the incident?

*Your interest in this property or vehicle*

*Example: Owner, Hired vehicle*
## Criminal Damage Compensation

If more space is needed, please use the Extra Information section on page 13

*indicates that this box must be completed

### Building details

**Address**

<table>
<thead>
<tr>
<th>*Address line 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Address line 2</td>
<td></td>
</tr>
<tr>
<td>Address line 3</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

**About the building**

- *Is the property agricultural?*  
  - Yes  
  - No

- *Is the property exempt from rates under Article 41(2)(e) or Article 41A of the Rates (Northern Ireland) Order 1977?*  
  - Yes  
  - No

- *Is the building considered repairable?*  
  - Yes  
  - No

- *Do you own the building?*  
  - Yes  
  - No

If ‘Yes’ was selected above and there is a mortgage or charge on the property, enter the name and address of the mortgage or charge provider:

If ‘No’ was selected above, enter the name and address of the owner:

- *Are you responsible for repairs under the terms of the lease?*  
  - Yes  
  - No

If ‘No’ was selected above, enter details of your interest in the building:  

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7
Building details – continued

Grants and loans

Enter details of any grant or loan application affecting this claim

Insurance

*Have you made a claim with your insurance company? □ Yes □ No

If ‘Yes’ was selected above, provide the name and address of the insurance company and policy number

Security

Was the property secured? □ Yes □ No

If there was more than one building damaged please give details (as above) on a separate sheet and attach firmly to this form
# Vehicle details

## Registered address of the vehicle

*Address line 1

*Address line 2

Address line 3

Postcode

*Country

## Vehicle

*Registration number

*Make

*Model

Year of manufacture

Value of vehicle before the incident

\( £ \)

Provide the value of the vehicle immediately before the incident

Purchase Date

Day

Month

Year

Cash price of the vehicle when purchased

\( £ \)

Name and address of the person or garage from whom the vehicle was purchased
## Vehicle details – continued

### Vehicle Finance

*Is the vehicle on hire purchase or the subject of a loan?*

- [ ] Yes
- [ ] No

If ‘Yes’ was selected above, provide the name and address of the finance company.

### Are you the owner of the vehicle?*

- [ ] Yes
- [ ] No

If ‘No’ was selected above, provide the name(s) and address(es) of the owner(s).

### Tax

*Was the vehicle taxed at the time of the incident?*

- [ ] Yes
- [ ] No

Tax expiry date:

- [ ] Day
- [ ] Month
- [ ] Year

If tax has expired, was a SORN certificate valid at the date of the incident?

- [ ] Yes
- [ ] No

*Can the vehicle be repaired?*

- [ ] Yes
- [ ] No
- [ ] Don’t Know
### Vehicle details – continued

**Insurance**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option A</th>
<th>Option B</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Was the vehicle insured on the date of incident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Was the vehicle unlawfully removed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Were any contents unlawfully removed from the vehicle?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If ‘Yes’ was selected above, provide details:

- Where can the vehicle be inspected?
- If ‘Yes’ was selected above provide details
- If ‘Yes’ was selected above provide details

*indicates that this box must be completed

If there was more than one vehicle damaged please give details (as above) on a separate sheet and attach firmly to this form.
Criminal Damage Compensation

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Details of interested parties

Enter names, reference numbers and addresses of interested parties

For example, building societies, hire purchase companies, landlord tenants, insurance companies

VAT

*Are you registered for VAT?  

Yes  No  Partially

If you selected ‘Partially’ above, give details including percentage of VAT recoverable from HMRC

Chief Constable’s Certificate

*Do you consider that an illegal organisation was responsible for this incident?

Yes  No

If ‘Yes’ was selected above, do you wish to apply for a Chief Constable’s Certificate for this incident under Article 5(2) of The Order?

Yes  No
Extra Information — The information you have entered should be enough for us to begin to consider your claim. If you want to add anything else to the information you have already given, please do so in the space below. If the claim is not in relation to a building or a vehicle please provide details of the address and description of the damaged item.
Declaration

I/we intend to apply to Department of Justice for NI for compensation for the loss which I/we have suffered and request an extension of the time under Article 7(3) of The Order if this Notice is not received within 10 days from the date of the damage.

I understand that DOJ Compensation Services and/or my legal representative may request the following information in line with Article 6(1)(e) of EU GDPR:

• from the police, all relevant information, including copies of my statement made in connection with this application
• from the Department for Communities, any information which is relevant to the application
• from HMRC, any information which is relevant to this application
• from any source, any information which is relevant to this application

*Signature of Claimant or Solicitor

*Date
Criminal Damage Compensation

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*indicates that this box must be completed

Compensation Services Privacy Notice

Data Controller Name: Compensation Services part of the Department of Justice Core
Address: 2nd Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, BT1 3LY
Telephone: 0300 200 7887
Email: compensationservices@justice-ni.gsi.gov.uk

Data Protection Officer
Name: DOJ Data Protection Officer
Email: dataprotectionofficer@justice-ni.x.gsi.gov.uk

Why are you processing my personal information?
Personal information is processed for the consideration of criminal compensation claims. Compensation Services process claims under the following legislation:
• Criminal Injuries Compensation (Northern Ireland) Order 2002 (for post May 2002 claims)
• Criminal Injuries Compensation (Northern Ireland) Order 2009 (for post-April 2009 claims)
• Criminal Damage (Compensation) (Northern Ireland) Order 1977
• Criminal Injuries (Compensation) (Northern Ireland) Order 1988

What categories of personal data are you processing?
We process the following categories of personal data:
Name
Address
email address
Date of Birth
Bank details
National Insurance number
Criminal convictions
Medical history
Where do you get my personal data from?
This information is obtained from the original application form submitted by the claimant. Personal data is also obtained from Medical Practitioners, PSNI, Department for Communities, NI Housing Executive, Rate Collection Agency, Land and Property Services, HMRC, Insurance Companies, the claimant’s former or present employer and from any other sources or Government Departments which are relevant to this application.

Do you share my personal data with anyone else?
• We may share your data with the PSNI, Department for Communities and HMRC for the prevention or detection of crime.
• We may also share your information with medical practitioners, financial experts/institutions, legal experts, loss adjusters, motor engineers, insurance companies and other Government Departments in the processing of your compensation claim.

Do you transfer my personal data to other countries?
Sometimes it may be necessary to transfer personal information overseas. When this is a requirement, information may be transferred to countries or territories around the world. Any transfers made will be in full compliance with all aspects of the GDPR.

How long do you keep my personal data?
We will only retain your data for as long as necessary to process your claim and in line with our Retention and Disposal Schedule (See Annex 1)

What rights do I have?
• You have the right to obtain confirmation that your data is being processed, and access to your personal data;
• You are entitled to have personal data rectified if it is inaccurate or incomplete;
• You have a right to have personal data erased and to prevent processing, in specific circumstances;
• You have the right to ‘block’ or suppress processing of personal data, in specific circumstances;
• You have the right to data portability, in specific circumstances;
• You have the right to object to the processing, in specific circumstances;
• You have rights in relation to automated decision making and profiling.
How do I complain?

If you are not satisfied with any of the information contained in this privacy notice, or how your personal information may be processed, please contact Department Data Protection Officer at: dataprotectionofficer@justice-ni.x.gsi.gov.uk

If you remain dissatisfied with the response to your complaint, you have the right to lodge a complaint with the Information Commissioner’s Office (ICO):

Information Commissioner’s Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
Email: casework@ico.org.uk
https://ico.org.uk/global/contact-us/
## Annex 1

### Schedule 9 – DOJ – COMPENSATION SERVICES

<table>
<thead>
<tr>
<th>Types of Files / Records – Transaction</th>
<th>Retention Period</th>
<th>Legislative Requirement / Business Need</th>
<th>Final Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies &amp; Procedures; Programmes &amp; Projects</td>
<td>Close after 5 years. Destroy 5 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Legislation and Regulations input</td>
<td>Close after 5 years. Destroy 5 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Advice and Guidance</td>
<td>Close after 5 years. Destroy 6 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
<tr>
<td>Meetings</td>
<td>Close after 1 year. Destroy 2 years after closure</td>
<td>Business Requirement</td>
<td>Destroy</td>
</tr>
</tbody>
</table>