

PUBLIC LIABILITY CLAIM FORM

Please note: If this claim relates to a flat purchased from the Housing Executive you should not complete this form as you may be covered under the Block Buildings Insurance Policy.

For more information visit: http://www.nihe.gov.uk/index/advice/buying_a_home/housing_executive.hmt

Please read this form carefully before filling it in and answer all questions fully. You can complete the form online but you must print it off and sign it before either posting it to:

Insurance and Claims Manager, Northern Ireland Housing Executive, 1st Floor, The Housing Centre, 2 Adelaide Street, Belfast BT2 8PB Or scan it and email it to: PLNewClaims@nihe.gov.uk

The investigation of your claim may be dealt with quicker if you provide as much information as possible. The acceptance of this form does not imply that liability for your claim has been accepted by the Northern Ireland Housing Executive. If you have household or buildings insurance you should make a claim against your insurance company as the NIHE will only compensate you if the NIHE have been negligent. For more information on making a public liability claim go to: <http://www.nihe.gov.uk/index/advice/claiming.htm>

NIHE USE ONLY	Claim No	
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SECTION 1	First Name			Title		
Claimant	Surname			Age		
	Date of birth		National Insurance Number			
	Occupation					
	Employer					
	Home Address					
	Postcode		Daytime Tel No			
	Email					
	Is the address an NIHE property?	Y	N	Are you the Housing Executive Tenant?	Y	N
	Are you an Owner Occupier?	Y	N	Are you a Private Tenant?	Y	N
	Are you a Private Landlord?	Y	N			
	Have you or any member of your family made a claim of this type against the NIHE before?				Y	N
	If Yes, please supply details of name, address and amount claimed/awarded.					

SECTION 2 Personal Injury Claims only	Date of Incident		Time of Incident	AM PM
	Location of incident. Please: <ul style="list-style-type: none"> • be as accurate as possible • provide full/nearest postal address of accident location • provide photographs of location • attach a sketch of location 			
	What was the nature of injury?			
	What was the cause of injury?			
	Did you attend hospital?	Y N	Dates	
	Name of hospital			
	Did you attend your doctor?	Y N	Dates	
	Name and address of doctor			

SECTION 3 Property Damage Claims only	Date loss or damage occurred		Time	AM PM
	Location where the damage or loss occurred			
	What is the nature and extent of the loss or damage?			
	What was the cause of the damage or loss?			
	In relation to damaged goods, where may they be inspected?			
	Were the goods insured?	Y N	Insurance Policy No	
	Name of insurance company			
	Do you have receipts?	Y N	If Yes, please attach copies If No, please attach written estimates from a reputable source	
What do you think was the value of the damaged goods?				

Data Protection Declaration

In order to comply with the requirement of the Fair Processing Code and other obligations under the Data Protection Act 1998, the Housing Executive has prepared an information leaflet which is available at your local Housing Executive office or from the Housing Executive website: www.nihe.gov.uk

SECTION 4	Signed		Date	
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