# CUSTOMER INCIDENT QUESTIONNAIRE

Before completing this form please read the following

The purpose of this questionnaire is to gather information from customers who have suffered loss (e.g. injury or damage to property) and are holding Westmorland & Furness Council responsible. The information you provide will help us investigate the matter as quickly as possible and notify our insurers.

**If the incident concerns the condition of the public highway (i.e. public roads/pavements), please do not complete this questionnaire.** Instead, please contact Westmorland & Furness Council’s highways (telephone: 0300 373 3306, email address: [highways@westmorlandandfurness.gov.uk](mailto:highways@westmorlandandfurness.gov.uk)).

If it is your intention to pursue a compensation claim against the Council, the information you provide will be passed onto the Council’s insurers and/or their appointed claims handlers and solicitors, who generally deal with matters of this nature.

Please note that there is no automatic right to compensation. Claiming compensation from the Council is a matter of law and is dependent upon legal liability. **As such, you should consider seeking your own legal advice.**

The Council has a duty to safeguard public funds and will use the information you provide for the prevention and detection of fraud. We may also share your information with other bodies responsible for auditing or administering public funds for these purposes. Making a false claim for compensation is a criminal offence which can lead to prosecution.

## Please return the completed form to:

Westmorland & Furness Council, Insurance Section, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ

Or email to: [insurance.section@westmorlandandfurness.gov.uk](mailto:insurance.section@westmorlandandfurness.gov.uk)

## Privacy Notice

For more information about how the Council uses your personal information please see our privacy notice: [Privacy Notice: Insurance (Compensation Claims)](https://www.westmorlandandfurness.gov.uk/sites/default/files/2025-05/Privacy%20Notice%20-%20Insurance%20Claims.pdf)

## YOUR DETAILS

|  |  |
| --- | --- |
| Full Name: |  |
| Correspondence Address: |  |
| Post Code: |  |
| Telephone number: |  |
| Email address: |  |

## ABOUT THE INCIDENT

| **Question** | **Response** |
| --- | --- |
| Incident Date: |  |
| Incident Time (if known): |  |
| Location of Incident:  (Please be as exact as possible and consider providing a map or photo with the exact location marked on it to assist with our investigation) |  |
| Does the incident concern yourself or are you acting on behalf of another person? |  |
| If another, please provide their name and the reason why you are acting on their behalf. |  |
| Did the incident involve a Council vehicle? | (Yes/No) |
| If ‘yes’ please provide any details that you have about the vehicle  (reg number, type of vehicle, driver’s name, etc.) |  |
| Details of the incident (please describe exactly what happened). |  |
| If you have previously been in contact with anyone within the Council about the incident, please provide names and/or contact details you have for them. |  |

**ABOUT YOUR LOSS (OR PERSON’S LOSS YOU ARE ACTING ON BEHALF OF)**

| **Question** | **Response** |
| --- | --- |
| Does the matter involve personal injury? | (Yes/No) |
| If ‘yes’ please provide brief details of the injuries sustained |  |
| Does the matter in involve damage to property? | (Yes/No) |
| If ‘yes’ please provide brief details of the damage |  |
| Does the matter involve any other kind of loss? | (Yes/No) |
| If ‘yes’ please provide details |  |
| Please state why you think the Council is responsible for your loss (or the person’s loss you are acting on behalf of). |  |
| Is it your intention to pursue a compensation claim against the Council?  (If ‘yes’ the information you provide in this form will be passed onto the Council’s insurers and/or their appointed claims handlers) | (Yes/No) |

## ANY OTHER INFORMATION

Please provide any other information that you think may be relevant to this matter.

**Signature:**

**Date:**

**Please return the completed form to:**

**Westmorland & Furness Council, Insurance Section, South Lakeland House, Lowther Street, Kendal, Cumbria LA9 4DQ or email to:** [**insurance.section@westmorlandandfurness.gov.uk**](mailto:insurance.section@westmorlandandfurness.gov.uk)

After submitting this form, please allow us 10 working days before getting in touch.