

## **INCIDENT QUESTIONNAIRE**

# **IMPORTANT**

**Please read the following page before completing this form:**

### **Data Protection Statement**

The details provided by you will be held on a database and used for the purposes of investigating your claim and may be shared with or passed on to other Island Roads departments or outside agencies who may be involved in a potential claim, as well as Island Roads Insurers or legal representatives so that a formal response to your comments can be made. Island Roads is the data controller for the purposes of the Data Protection Act 2018. Please note the information collected may be accessed by virtue of the Freedom of Information Act 2000 or by yourself under the Data Protection Act 2018.

### **Anti Fraud Statement**

Island Roads is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form 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.

**Insurance fraud is a criminal offence. Persons who make fraudulent or exaggerated claims are liable to prosecution.**

### **What happens to my claim?**

Upon receipt, the Island Roads' Insurance team will work together with other appropriate departments, complete an investigation and correspond with you directly regarding our position on liability.

There is no automatic right to compensation and claims are paid on a strict liability basis. A claim for compensation can be made in person or through a legal representative.

### **Liability**

The provision of this form **does not** constitute an admission of liability on behalf of Island Roads.

### **Electronic Communications**

If you wish to send this claim via email, please print it off, complete it, scan it and send it to the email address below, along with any scanned copies of supporting documentation such as your MOT / Insurance Certificates and photographs.

Our email address: [claims@islandroads.com](mailto:claims@islandroads.com)

## Information for Pothole Claimants

Although you may have hit a pothole on a road maintained by Island Roads, it does not mean you are entitled to compensation automatically.

Potholes can break out very quickly and it is simply not possible for Island Roads to check every road on the Isle of Wight every day for potholes.

The law recognises this and therefore the legal requirement for Island Roads is to check each road for defects monthly, quarterly or annually depending on the type of road and its usage.

Therefore if we have inspected the road within the timescale, and the pothole was not present on the date of inspection then we have complied with the law.

If a pothole has broken out since this inspection, it does not mean Island Roads is negligent.

Please bear this in mind when making a claim.

**If you are completing this form on behalf of the claimant please state your name and relationship here:**

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### **Section A: Claim Details (must be completed)**

**Title**      Mr       Mrs       Miss       Ms       Other \_\_\_\_\_

**Surname** \_\_\_\_\_      **Forename(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone Number(s)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Particulars of Incident**

Date  -  -

Time  :  (24hr clock)

Road Name \_\_\_\_\_

Town \_\_\_\_\_

**Full description of incident including exact location (i.e. house numbers, landmarks)**

**Please attach a sketch plan of the location and any photographs in support of your claim to this form**

Ordnance Survey grid reference if known (6 figure) SZ:

What do you believe was the cause of your incident?

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If applicable, please advise of the height or depth of the alleged defect \_\_\_\_\_

What was the purpose of your journey on the day in question?

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Have you travelled the road/been to the location before?  Yes  No

If so please confirm how often?  Daily  Weekly  Monthly  Other

Were you previously aware of the defect's existence?  Yes  No

If yes, have you reported it to Island Roads?  Yes  No

Please give details of any injury which you have

Did you attend a Hospital or Doctors Surgery?  Yes  No

If yes, please state name, address and date attended

**Please note: Details of your date of birth and national insurance number must be given if you have suffered injury**

Date of Birth  -  -  National Insurance Number  -  -  -  -

Details of damage to vehicle/property/personal effects

Is the damaged property available for inspection?  Yes  No

*(Please note the outcome of your claim may be affected if the damaged property has not been retained)*

Weather Conditions:  Dry  Wet  Ice  Snow  Fog

Visibility:  Daytime good  Daytime poor  Night time lit  Night time unlit

Were there any witnesses to the accident?  Yes  No

*(If so then please provide their details as we may wish to approach them for a statement)*

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

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

**You may be contacted to attend a site meeting at the location where the incident occurred. If Island Roads does so, you are entitled to bring an Independent Person or Legal Advisor with you.**

**Section B:**

**Please only complete if your incident involved your motor vehicle if not go to section C**

Vehicle Registration \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Please state the traffic conditions on the day in question  Light  Moderate  Heavy

Please state the speed of your vehicle immediately before impact with the defect \_\_\_\_\_

Did you see the defect before you hit it?  Yes  No

If yes, what was the distance between you and the defect? \_\_\_\_\_

What action did you take? \_\_\_\_\_

Have the police any report of the incident?  Yes  No

If yes, please provide the name and number of the officer and their station together with the crime reference number

Have repairs been carried out?  Yes  No

Are original invoices/estimates attached?  Yes  No

*(if no, please ensure that they follow as soon as possible)*

Are you VAT registered?  Yes  No

Are you the registered owner?  Yes  No

If no, please confirm the name of the owner \_\_\_\_\_

Do you hold a current full UK license?  Yes  No

Please state how long this has been held \_\_\_\_\_

**Please attach a copy of the vehicle's Insurance certificate when returning this form AND if your vehicle is more than 3 years old please attach a copy of your MOT certificate also.**

**PLEASE NOTE both certificates must be valid on the date of the incident**

## **Section C: Declaration**

Any other comments that you would like to make

I have read and agree with the Data Protection and anti fraud statements. I confirm that the information supplied on this form is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date  -  -

Please print name \_\_\_\_\_

**Have you included your insurance certificate and MOT certificate (if applicable)?**

When completed, please return this form to:

**Insurance Section  
St. Christopher House  
42 Daish Way  
Newport  
Isle of Wight  
PO30 5XJ**

Or by email to: [claims@islandroads.com](mailto:claims@islandroads.com)