**CLAIMING FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE AGAINST THE NORTHERN IRELAND HOUSING EXECUTIVE(NIHE)**

**FURTHER INFORMATION**

(Please read, detach and retain for future reference)

**[A] What documentation should I provide to support my claim?**

It is important that you answer all the questions within Section 1 on this form in full, plus Section 2 and/or Section 3, otherwise we will not be able to begin our investigation into your claim and this claim form may be returned to you to complete. You must also provide the following supporting evidence:

* Photographs (see Sections 2 and 3)
* Original purchase receipts/invoices (see Section 3)
* Payslips dated pre & post incident (for Loss of Earnings only see Section 2)

[B] How long will it take to process my claim?

The Northern Ireland Housing Executive aims to investigate all submitted claims within 6 months.

However, this timescale can vary and depends on how complicated your claim is.

For Example, NIHE may have to check the following:

Whether or not a contractor or other organisation is involved and obtain their reports.

Whether or not the accident location is adopted for maintenance by the Dept for Infrastructure (Roads Service) or is the responsibility of another party

To assist us in investigating your claim thoroughly, please submit as much information as possible.

[C] Referral of your claim to another party

If during our investigations it is established that a contractor, utility company, or another person or organisation caused the alleged incident in question, details related to your claim will be passed to that person or organisation to further investigate.

**[D] What happens next?**

NIHE must thoroughly investigate every claim to establish the root cause. When our investigations are complete, we will notify you or your representative of our decision in writing.

**[E] Can I request a review of the decision on my claim?**

NIHE will review a decision to turn down a claim, this is known as an appeal and will be handled by a senior officer not involved in the original decision. However, new evidence should be provided in writing to justify the review. If you are still unhappy after the decision of the Appeal and wish to challenge our decision, your right of recourse is through the legal process within appropriate time limits.

**[F] Fraudulent claims**

Under the Fraud Act 2006 it is an offence to dishonestly make a false statement or representation or to dishonestly withhold information for personal gain.

If you knowingly provide false or exaggerated information your claim will be turned down.

The information may be provided to other compensation bodies for the purposes of preventing fraud.

In addition, the NIHE may refer a suspected fraudulent claim to the PSNI for further investigation and, if appropriate, prosecution.

**[H] Complaints procedure**

Please note that this complaints procedure does not deal with complaints about a decision in a compensation claim, as decisions should be challenged through the legal process.

Most problems about your claim can be resolved by contacting the NIHE Insurance & Claims Section. However, if during or after the processing of a claim against NIHE you wish to complain about any aspect of how it was handled you can do so by writing with full details to the Insurance & Claims Section Manager. Your complaint will be investigated as a First Stage Complaint by a senior manager within the Finance Division. We aim to respond to you within 15 working days.

You will be signposted to Final Stage Complaint procedure if you are not happy with the response received.

**(J) How To Complete This Form**

**All claimants must complete Section 1 and 4**

**You should then complete Section 2 if your claim is for Personal Injury.**

**Or complete Section 3 if your claim is for Property Damage.**

**For Personal Injury and Property Damage arising from the same incident please complete ALL Sections.**

**You can return the form and supporting evidence / photographs by email to:-**

[**PLnewclaims@nihe.gov.uk**](mailto:PLnewclaims@nihe.gov.uk)

**or by post to:-**

**NIHE Insurance & Claims Section, The Housing Centre, 2 Adelaide Street, Belfast, BT2 8PB.**

**Section 1: Claimant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Miss |  |  | Ms |  |  | Mrs | |  | |  | Mr | |  |  | |  | |  |  | Other: | | | |  | | |
| Full Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | |
| Email: |  | | | | | | | | | | | | | Contact Telephone No: | | | | | | | |  | | | | | | | |
| Preferred correspondence method: | | | | | | | | | | | Telephone | | | | | |  | | Email | | | |  |  | Post | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this claimant a minor? (someone under 18 years of age) | | | Y | N |
| If yes, please complete the details below: | | | | |
| Parent/Legal Guardian Full Name: |  | | | |
| Is the address of the Parent/Legal Guardian the same as the claimant? | | | Y | N |
| If no, Parent/Legal Guardian Address: | |  | | |
| Parent/Legal Guardian Postcode: | |  | | |

Property Details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |

Previous Claims:

|  |  |  |  |
| --- | --- | --- | --- |
| Have you made a claim of this type against the NIHE before? | | Y | N |
| If yes, please provide the previous Claim Number: |  | | |
| If yes, please supply details of name, address and amount claimed/awarded. |  | | |

**Section 2: Personal Injury Claim Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident Date: |  | Incident Time: |  | AM | PM |

Incident Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Location/Address:  (Please provide as much detail as possible.) | |  | | | | | Postcode: |  |
|
| Incident Details:  (Please provide as much detail as possible including how the incident occurred, and what you think was the cause of the accident.) | |  | | | | | | |
| Have you obtained photos of the location? | | Y | N | | |
| Can you provide details of any independent witnesses who may have seen the incident occur?  (Please provide witness names and contact telephone number or email address.) | |  | | | | | | |
| Injury details  (Please provide details on nature of injury e.g. a broken bone, sprain, strain or cut.) |  | | | | | | | |
| Can you provide photos of your injury? | Y | | | N | Images should be provided to support your claim if possible and will be stored within Data Protection requirements. | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Did you attend hospital? | | Y | | N | | Date In: | |  | Date Out: | |  |
|  | | | | | | Time In: | |  | Time Out: | |  |
| Were you transported via ambulance? | | Y | | N | |  | |  |  | |  |
| Hospital Name & Address: | |  | | | | Postcode: | |  |  | |  |
| Did you attend your doctor? | | | Y | | N | Attendance Date(s): | |  | | | |
| Doctor name and Practice Address: |  | | | | | | Postcode: |  | |

|  |  |
| --- | --- |
| Date of Birth |  |
| National Insurance Number: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Does the claim include Loss of Earnings? | Y | N |

If Yes, please complete the Employer Details and Loss of Earnings sections below, and provide supporting evidence:

Employer details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Miss |  |  | Ms | |  |  | Mrs |  |  | Mr |  |  | Dr |  |  | Other: |  |
| Full Name: | | |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | |
| Postcode: |  | | | | |

|  |  |
| --- | --- |
| How much has the claimant lost? |  |

**Section 3: Property Damage Claim Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident Date: |  | Incident Time: |  | AM | PM |

Incident Details:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Location/Address:  (Please provide as much detail as possible |  | | | | | | | | Postcode: | |  |
| Incident Details:  (Please provide as much detail as possible including how the incident occurred, and what you think was the cause of the accident.) |  | | | | | | | | | | |
| Please describe/list the extent of the loss or damage caused:  (Please provide as much detail as possible e.g. make/model/age/  when/where purchased | Item | | | | | | Nature of Damage | | | Original Cost of Item | |
|  | | | | | |  | | |  | |
| **Total Costs** | |
|  | |
| Have you provided photos of your damage? | | | Y | | N | | | Images should be provided to support your claim if possible and will be stored within Data Protection requirements. | | | |
| Can you provide photos of the location? | | | Y | | N | | |
| Is there other insurance currently in force which may cover this loss or damage? | | | Y | | N | | |
| Have you submitted a claim for this incident to any other organisation or body? | | | Y | | N | | |
| If Yes please provide details: | |  | | | | | | | | | |
| Can you provide the original purchase receipts/invoices? | | | | Y | | N | | If Yes, please attach copies.  If No, please attach written estimates on a like for like basis. | | | |

**Section 4: Declaration & Signature**

To comply with our obligation under the Social Security (Recovery of Benefits) (NI) Order 1997 NIHE Insurance & Claims Section is required to supply certain information about every personal injury claim to the Department for Communities. Completion of the details of claimant, accident and of injuries/loss section of this claim form fulfils the information requirements of our obligation. Your claim cannot be progressed without that information.

Please note that insurers and other compensators maintain a register of claims for compensation for personal injury, operated by Motor Insurers’ Bureau and known as Claims and Underwriting Exchange Personal Injury/Industrial Illness Register (CUE PI). This enables participants to check information provided and also to prevent fraudulent claims. We will be passing information relating to this incident to the register and in dealing with your claim we may search the register. A list of participants is available from Motor Insurers’ Bureau, Linford Wood House, 6-12 Capital Drive, Linford Wood, Milton Keynes, MK14 6XT or their web site: [www.mib.org.uk](http://www.mib.org.uk) email: [CUEandMIAFTRMailbox@mib.org.uk](mailto:CUEandMIAFTRMailbox@mib.org.uk).

**Data** **Protection Statement**

I consent that the personal information I provide on this form will be processed by NIHE’s Insurance & Claims Section (Data Controller) and its Data Processors for the purposes of managing and operating claims handling and any related legal proceedings, or prospective legal proceedings. This may include sharing your personal information with other departments/agencies/contractors/utilities (for example - gas, water, electrics and telecoms)/other parties. NIHE may use non-personal statistical data collected for analysis and to plan for future claims handling and any related court proceedings. NIHE may also use personal data collected to investigate suspected fraud. I understand that I can withdraw my consent by emailing [PLnewclaims@nihe.gov.uk](mailto:PLnewclaims@nihe.gov.uk) and no further processing of my claim will take place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (PRINT) | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | Date |  |
| Signature | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

**Declaration**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (PRINT) | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | Date |  |
| Signature | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

**Your Information**

**What we do with your information**

The Housing Executive requires the information contained in this form to process your Public Liability Insurance Claim,

In processing your application for a Public Liability Insurance Claim the Housing Executive uses the lawful basis of Legitimate Interest under UK GDPR Article 6,1, F– including UK GDPR Article 6 and UK GDPR Article 9 – along with Data Processing Act 2018 conditions:-

* Out of necessity for an insurance purpose i.e handling a claim
* To prevent fraud
* For the detection and prevention of a crime

**Sharing your information with others**

Your information is only shared where this is necessary to comply with our legal obligations or as permitted by the UK General Data Protection Regulation or Data Protection Act 2018 for the purposes stated above.

We will share details of your claim with :

Other sections/teams/divisions of the NIHE to gather evidence as part of the claim investigation and validation.

Independent Contractors who may have completed relevant repairs to your home

Other agencies such as the Dept for Infrastructure to establish property ownership

Independent Claims Handling Service for ongoing handling of your claim

Independent Solicitors for defence of any legal proceedings brought against NIHE in connection with the claim.

NIHE’s Public Liability Insurance provider in compliance with the policy terms and conditions.

Other insurers/compensators for prevention/detection of insurance claims fraud

Dept for Communities Compensation Recovery Unit for compliance with Social Security Order 1997

**How long we hold your information for**

6 Years from the date the claim is Settled, Withdrawn, Written Off(Repudiated), or Taken Over by another party

21 years in the case of Minors

**Privacy Notice**

The Housing Executive is committed to protecting your privacy and maintaining your trust and confidence in how we handle your personal information. You can view our Privacy Notice at [www.nihe.gov.uk/privacy\_notice](http://www.nihe.gov.uk/privacy_notice), pick up a copy at any Housing Executive office or you can ask us to post or email a copy to you.

|  |  |  |  |
| --- | --- | --- | --- |
| Have you completed: | Section 1 | Y | N |
|  | Section 2, for Personal Injury Claims if applicable | Y | N |
|  | Section 3, for Property Damage Claims if applicable | Y | N |
|  | Section 4, Declaration and Signatures | Y | N |
| Where possible, have you included photos? (hard copy or email attachment) | | Y | N |

**Section 5: Checklist**