|  |  |
| --- | --- |
| Addressee name  Street address  Street address  Town / City  Postcode | Resources Directorate  Tel 020 7364 6568  Fax 020 7364 4407  www.towerhamlets.gov.uk |

20 March 2025

Reference INS/NEW CLAIM

Dear XXX

The council is naturally sorry to learn of any damage to property which occurs within the borough. Please find enclosed a Housing Incident Report Form for your attention. Although an unfortunate incident may have occurred within the Borough this does not guarantee the council will compensate you.

If you are a leaseholder and have suffered damage to your property, please report the damage to your building insurer, Protector, via their loss adjuster, Sedgwick, on 0161 823 1912 quoting policy number 3139238. Claims must be notified within **30** days of the incident.

If you have damage to your contents, please contact your contents insurance provider to register a claim.

If you still feel you have a valid liability claim, fully complete the form providing as much detail as possible. Once completed in full and signed the form will need to be returned together with supporting documentation and photographs by email to [contactus@thh.org.uk](mailto:contactus@thh.org.uk) or by post to **Housing Service Centre, 2nd Floor, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ**. To avoid delays please complete **all** relevant sections, if your claim form is completed in full your claim will be registered within **five working days** and you should receive an acknowledgement within **10** days.

Property damage claims will be dealt with within **90** days of receipt of a fully completed claim form with supporting documentation and photographs. Once a liability decision has been made, we will write to you either to decline or accept liability.

Tower Hamlets has a zero-tolerance policy on insurance fraud and has resources to detect fraudulent and exaggerated claims. Consequences of making a fraudulent claim are that your claim will be denied in its entirety, you could also be fined or face imprisonment.

If you require assistance completing the form, please contact us.

Yours sincerely

Insurance Section

London Borough of Tower Hamlets

[insurance@towerhamlets.gov.uk](mailto:insurance@towerhamlets.gov.uk)

**SECTION 1 - CLAIMANT’S DETAILS**

|  |  |
| --- | --- |
| **Name and address (This must be name of the owner of the damaged property)** | **(This must be name of the owner of the damaged property)**  Mr/Master/Mrs/Ms/Miss/Other (please delete)  First Name:  Middle Name/s:  Surname:  Email Address:  Address:  Postcode:  How long have you resided at this address?  What floor is your flat located?  Date of Birth: / / |
| **Occupation Type** | Council Tenant/Leaseholder/Freeholder/Managing Agent (delete at appropriate)  **If you are appointing a friend, relative or managing agent to manage your claim on your behalf, please provide letter of authority confirming this, stating their relationship to you.**    **If you are a Managing Agent please provide letter of authority to act upon your clients behalf.** |
| **Contact Details (if different to above)** | Name:  Email Address:  Address:  Home Phone:  Mobile:  Work Phone: |

**SECTION 2 - INCIDENT DETAILS**

|  |  |
| --- | --- |
| **Date and Time of Incident** | Date:  Time: |
| **Exact Location (Where did it happen? e.g. property address and post code, rooms affected).** |  |
| **What happened? (Please precisely describe how the incident happened, include drawings &/or photographs if possible and relevant. You may provide this on a separate piece of paper).** |  |
| **What do you think caused the incident?** |  |
| **If you reported the incident who did you report this too? (Please provide reference number).** | Reported to:  Reference number: |
| **Have you experienced a similar incident before? (Please provide date/s, description and reference number/s).** | Date/s:  Description:  Reference number/s: |
| **If the incident occurred because of work being carried out by a contractor, please give the name of the contractor (if known).** |  |

**SECTION 3 - PROPERTY DAMAGE**

THIS SECTION IS TO BE COMPLETED IN FULL IF YOU HAVE SUFFERED DAMAGE TO PROPERTY.

**PROPERTY DAMAGE**

Please provide full details of the items damaged. Where possible damaged goods must be kept for inspection by a loss adjuster or Council Officer. Please enclose photographs of damage and original invoices, failure to provide these may prejudice your claim. You have a duty to keep your losses to a minimum by having damaged items cleaned or repaired where possible

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Item** | **Date of Purchase** | **Original Cost (please attach receipt).** | **Cleaning/Repair Cost (please attach receipt).** | **Replacement Cost (please attach estimate or replacement receipt).** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Have you reported the incident to your buildings/contents insurer?** | YES/NO |
| **Please provide details of your insurance provider.** | Name:  Address:  Contact Number:  Email Address:  Policy Number: |

**SECTION 4 – FRAUD STATEMENT**

|  |
| --- |
| In accordance with UK GDPR and Data Protection Act 2018 your records will be held on computerised systems and paper files and may be shared with our insurers, claims handlers, loss adjusters, solicitors and other agencies. We will not pass on or sell your details to third parties for marketing purposes. London Borough of Tower Hamlets is under a duty to protect the public funds that it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud.  The information which you have provided may be checked with other sources, the information may be used for purposes relating to the work of London Borough of Tower Hamlets and may be given to other bodies as permitted by law.  Our insurers also pass information to the Claims and Underwriting Exchange Register run by the Insurance Database Services Ltd, the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers and other similar bodies. The aim is to help check information provided and also prevent fraudulent claims. In dealing with your claim, they will pass information to the registers and check the register. |

**SECTION 5 – STATEMENT OF TRUTH**

I believe that the facts stated in this claim form true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

|  |  |
| --- | --- |
| Signed: |  |
| Dated: |  |

**You are reminded that by completing this Incident Report Form you are not automatically entitled to the compensation you seek from the London Borough of Tower Hamlets, and your claim will be thoroughly investigated before a decision is made as to whether or not the Council has a legal duty to compensate you.**

PLEASE RETURN COMPLETED FORMS WITH ENCLOSURES TO:

**contactus@thh.org.uk**

**Housing Service Centre, 2nd Floor, Tower Hamlets Town Hall, 160 Whitechapel Road, London, E1 1BJ.**

**SECTION 6 – ENCLOSURES**

|  |  |  |
| --- | --- | --- |
| **Please confirm enclosures returned with this claim form:** | Letter of Authority  Photographs  Estimates  Receipts | YES/NO/Not applicable  YES/NO  YES/NO  YES/NO |