**YOUR DETAILS***

Title: Mr / Mrs / Miss / Ms / Dr *delete as applicable*

Surname _____ Forename _____

Address _____

_____ Postcode _____

Email _____

Contact telephone number _____

**For Personal Injury claims only**

Date of birth: ____/____/____

National insurance number: | | | | | |

**Any other relevant comments that you wish to make**

**DECLARATION***

In line with Part 6 of the Local Audit and Accountability Act 2014 , the Council participates in the National Fraud Initiative. The information you provide will be held on computerised systems and/or papers files, and used for cross-system and cross authority comparison for the prevention and detection of fraud.

In addition, we will pass your records to our Insurers who will also pass the information to the Claims & Underwriting Exchange Register; the Motor Insurance Anti-Fraud & Theft register; and other similar agencies and bodies. We may also share your information with our claims handlers, legal representatives, contractors or outside bodies who may be involved with the investigation of your claim.

**I declare that the details I have provided in this form are true to the best of my knowledge and belief. I understand that the information I provide may be shared with other bodies and agencies as permitted by law and also for the purpose of detecting and preventing fraud. I understand that action will be taken against me if I provide information that is untrue.**

**Signature*_____Date*____/____/____**