



# Small Claims Form

Important Note: The Council will only investigate claims where this form has been fully completed and where the correct supporting documentation is enclosed. **PLEASE USE BLOCK CAPITALS.**

## 1. Claimant Details

Full Name and Address

Telephone Number:

Email Address:

## 2. Accident Details

Exact Location of Accident:

Date of Accident:  Time of Accident:

Description of Accident:

Was Accident reported to Council? **Tick Yes / No**  
If yes please provide full name of the official  
Involved and the Date Notified:

Was Accident reported to the Gardai? **Tick Yes / No**  
If yes please provide full name of the Garda  
and the Garda Station involved:

Were there any witness(es)? **Tick Yes / No**  
If yes please provide full name, Address and  
telephone number of witness(es)

## 3. Where Accident relates to a Motor Vehicle:

Make and Model of Vehicle:

Vehicle Registration:

Insurance Company Details:

Motor Tax Expiry Date:

Date of NCT:

Extent of damage:

Details of repairer:

Details of where vehicle may  
Be inspected by an independent  
Motor Assessor

If vehicle has been repaired, details  
of where the damaged parts may be  
inspected by an independent Motor  
Assessor:

#### **4. Personal Injury Claims:**

If you attended a doctor, A&E department or any other hospital for treatment, please identify the facility that you attended and the doctor that treated you.

Details of Injury:

Please identify your GP and any other Doctors that are treating you:

**Please note: If you have completed an Injuries Board Form, please forward a copy and also your Medical Report.**

#### **Supporting Documentation:**

Please attach, where appropriate the following documentation with this form

- Photographs of the accident location. (If photograph isn't dated, please state the date on which the photographs were taken)
- Estimate/ invoice to support the special damages claim that you are making.
- Any other information which you deem relevant to your claim.

#### **5. Declaration**

I declare that the information given in this form is correct to the best of my knowledge.

**Claimants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_