

Department for  
**Regional  
Development**

www.drdni.gov.uk

AN ROINN

**Forbartha Réigiúnaí**

MÄNNYSTRIE FÜR

**Kintra Pairts Fordèrin**

**FOR OFFICAL USE ONLY**

Ref No:

## Claim for Vehicle Damage Compensation

(Please read the attached information leaflet carefully before completing this form)

Please help us to assess your claim for compensation as quickly as possible by providing as much information about the incident as you can. Failure to complete this form fully may cause a delay in dealing with your claim if further information has to be requested. (PLEASE USE BLOCK LETTERS AND BLACK INK)

The issue or acceptance of this form does not imply any acceptance of liability by the Department.

**1. Please give your full name and address**

Title: Miss/Ms/Mrs/Mr/Dr \_\_\_\_\_  
 Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone No \_\_\_\_\_

**2. State the Make, Model, CC, Year of Manufacture and Registration No of vehicle and registered owner.**

(If the registered owner is not the claimant at 1 above, please specify who is responsible for paying for repair of the vehicle.)

Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 CC \_\_\_\_\_ Year \_\_\_\_\_  
 Registration No \_\_\_\_\_  
 Registered Owner \_\_\_\_\_  
 Full Name and Address if different from above  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. On what date will/did the Tax on this vehicle expire?** Please enclose a copy of the current MOT/GVC/PSV Certificate (if applicable?)

\_\_\_\_\_

**4. Where and when may the damaged vehicle be inspected?**

How and when may you be contacted? (e.g. day time telephone number if different from the number given at question 1)

Where? \_\_\_\_\_  
 \_\_\_\_\_  
 When? \_\_\_\_\_  
 \_\_\_\_\_  
 How? \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

(i)  (ii)  (iii)  (iv)  (v) \_\_\_\_\_

Prepared by \_\_\_\_\_ / /  
 Recommended by \_\_\_\_\_ / /  
 Authorised by \_\_\_\_\_ / /

Tá an fhoirm éilimh seo ar fáil i nGaeilge fosta. Déan teagmháil linn, le do thoil. Tá na mionsonruithe teagmhála ar fad ann ag bun na foirme seo.

**5. What do you think caused the damage?**  
e.g. debris lying on road, road workings, pothole

_____
_____
_____
_____
_____

**6. Please give details of the damage sustained.**

_____
_____
_____
_____
_____

**7. How much will it cost to repair the damage?**  
(We may require a vehicle assessor to inspect the vehicle). If the repairs have been done please send the original detailed receipts. If the work is still to be done then submit 3 estimates detailing the work, or 2 estimates if the cost of repair is valued at less than £250.

£ _____
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**8. Was the incident reported to the police? If yes, state station, name of officer and date reported.**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
Station _____	
Officer _____	
Date _____	

**9. Please give the name and address of your Insurance Company and your policy number.**

Name _____
Address _____
_____
Policy No. _____

**10. Have you lodged a claim for this incident with your Insurance Company?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**11. Are you registered for VAT? If YES please give your VAT Registration number.**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
VAT Reg No _____	



Thank you for completing the previous details. We will now have your claim assessed and let you know the outcome as soon as possible, but this process takes an average four months to conclude.

The checklist below is provided to help you ensure that you have enclosed the items in support of your claim.

The information provided on this form may be made available to other departments/agencies/ contractors/ undertakers/other parties to whom the claim has been referred by the Department in the interests of the economic well-being of the country, for the prevention of disorder and crime or for the protection of the rights and freedom of others.

### **Form of Declaration**

Please now read the declaration below and sign your claim and send it to either of the offices listed below.

In the circumstances stated, I now claim compensation from the Department for Regional Development. I am willing, if requested, to meet a representative, to point out the exact accident location.

I understand that it is the Department's duty to refer all suspected fraudulent claims to the Police Service of Northern Ireland and that if the Department has any concerns about this claim, this claim form and all supporting documentation will be passed to the Police Service of Northern Ireland Fraud Squad.

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

You may return the completed claim form to either of our offices in Belfast or Londonderry. You will find the addresses of both offices at the bottom of this page.

Signed _____	Date _____
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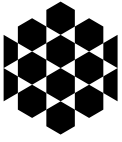
CHECKLIST: Please tick those you are enclosing:

- (a) Photographs of accident location
  - (b) Sketch of accident location
  - (c) Itemised receipt (original)
- Or, alternatively 3 repair estimates or 2 if the repair cost is valued at less than £250
- (d) Copy of MOT, GVC, PSV Certificate valid at time of accident (if applicable)

We would like to acknowledge receipt of your claim as soon as possible. In order that we may do so, please complete the acknowledgement slip overleaf by writing your name and address in the space provided. It will be returned to you by 2<sup>nd</sup> class post.

***Belfast Office: Clarence Court, 10/18 Adelaide Street, Belfast, BT2 8GB, Tel: 02890540540***

***Londonderry Office: Orchard House, 40 Foyle Street, Londonderry BT48 6AT Tel: 028 71319 900***



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## ACKNOWLEDGEMENT SLIP

Name _____
Address _____
_____
_____ Postcode _____
_____

I wish to acknowledge receipt of your claim for compensation in respect of Vehicle Damage, which was received on

\_\_\_\_/\_\_\_\_/\_\_\_\_

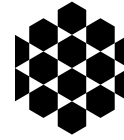
We will write to you again shortly giving you a reference number that may be quoted in any further correspondence.

Signed

***Central Claims Unit***

\_\_\_\_/\_\_\_\_/\_\_\_\_

## CLAIMING AGAINST THE DRD FOR VEHICLE DAMAGE



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## **INFORMATION LEAFLET**

**(Please detach and retain for future reference)**

### **Introduction**

Article 8 of the Roads (NI) Order 1993 allows you to claim compensation for damage to your vehicle resulting from the Department's failure to maintain roads. Your claim will be investigated on its own facts and with reference to the relevant law in accordance with usual legal claim procedures. This legal investigation process is undertaken by Central Claims Unit, which is a solicitor's office within the Department.

### **Is Compensation automatically guaranteed?**

**Compensation is not automatically guaranteed.** Article 8 of the Roads (NI) Order 1993 allows you to claim compensation, but also provides the Department with defences to such claims. If the Department can show that it operated **a reasonable system of inspection and repair of the road in question**, you will not be entitled to compensation. This principle has long been accepted in numerous Courts throughout Northern Ireland. Thus, if your accident has happened in spite of a system of regular inspection and prompt repair, then your claim will be rejected. Similarly if your accident was caused by a very small defect in the road, or by something sitting on the road (eg. rubbish or other debris) then the Department for Regional Development would again not be responsible for any damage caused. As a result of this legislation, the Department must thoroughly investigate every claim to establish whether or not it has a defence to the allegation made.

### **How do I claim?**

In order to claim, it is necessary to complete and sign the attached claim form and return it to the Central Claims Unit together with photographs of the cause of the incident. Where the investigation confirms that the Department has a legal defence, you will not be entitled to receive compensation. In this situation, a claim must be rejected for both legal and audit reasons. A letter will be sent to you to explain the legal reason for any rejection or referral of this claim. We will review the decision to turn down a claim only if new evidence is provided. Any new evidence will be considered.

If you remain unhappy with the rejection of your compensation claim and wish to contest the legal assessment made by the Department, you do have the right to challenge the Department's legal evaluation of your claim through legal proceedings in court.

### **How long does it take to process a claim?**

**The average timescale for a decision to be taken on a claim is approximately 4 months.**

To thoroughly investigate your claim, CCU must check the following:

1. Inspection and repair records.
2. Other records, (e.g. public complaints).
3. Whether or not a contractor or Service Authority is involved.

This information is sought from other parties and unfortunately the Department cannot influence the timescale of their responses. Your patience is therefore appreciated.

### **Will I have to attend a site meeting?**

It is essential that the exact incident location is identified to the Department, in order that your claim can be investigated thoroughly, fairly and quickly. A site inspection with a DRD representative may therefore be required to pinpoint the locus.

From the inspection, a detailed report and sketch is compiled so as to enable the Department's Engineers to carry out various record checks and enquiries. Without a specific incident location, the claim cannot be investigated. **However, you should contact CCU immediately if you are unable to attend a joint site inspection.**

### **Decision on Liability**

Once your claim has been thoroughly investigated, a decision is taken whether to settle it, reject it or refer it to another party, e.g. contractor. If the decision is to settle your claim, please note that the amount of compensation offered will be an amount estimated to return your vehicle to the condition it was in immediately prior to your accident. There is no legal entitlement to "new for old" therefore the amount of compensation claimed may be reduced to take account of betterment you received from the replaced new parts, eg. tyres or exhausts.

### **Referral of claims to undertakers under the Street Works (Northern Ireland) Order 1995 and other parties under the Roads (Northern Ireland) Order 1993**

From investigations, it may be established that a statutory undertaker or private licensee or another party has caused the defect in question. Such bodies or persons are in law responsible for claims arising from their works. If CCU is satisfied that such a party is responsible for the defect in question, CCU will notify you of this and refer your claim to the responsible party. This party shall be responsible for dealing with your claim and **not** DRD.

### **Fraudulent Claims**

It is the Department's duty to refer all suspected fraudulent claims to the Police Service for Northern Ireland for further investigation and, if appropriate, prosecution.

### **Internal Complaints Procedure**

If during, or after, the processing of a claim, you wish to complain about any aspect of the Unit's service or treatment of your claim (i.e. how we have handled the case), you should send full details to:

The Claims Manager  
Department for Regional Development  
Central Claims Unit  
Clarence Court,  
10/18 Adelaide Street  
Belfast  
BT2 8GB

Your complaint will be investigated and a reply will be sent to you within two weeks. However, complaints about the Department's decision will not be accepted since the proper and appropriate method to challenge a legal decision of the Department is through the legal process by issuing court proceedings through your solicitor.

### **Parliamentary Commissioner for Administration**

Our internal complaints procedure is not a substitute for your right to complain to the Parliamentary Commissioner for Administration (the Ombudsman). You should note, however, that the Commissioner will normally expect you to have used our own procedure before your complaint is accepted.

The **Commissioner's** address is: The Ombudsman's Office      **or**      The Ombudsman  
33 Wellington Place      Freepost  
BELFAST      BELFAST  
BT1 6HN      BT1 6BR

Tel: (028) 9023 3821 or 0800 343424