

Criminal Injuries Compensation Authority
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Criminal Injuries
Compensation
Authority

For office use only
Reference number:

Victims of Overseas Terrorism Compensation Scheme 2012

Application for compensation following a fatal injury

You do not need to be represented to apply for an award from this Scheme. You can get free advice from your local Victim Information Service, Victim Support, Victim Support Scotland or Citizens Advice. If you choose paid representation we cannot meet the costs of this.

How to fill in this form

We need the information requested in this form to assess your eligibility for an award. We may send the form back to you if there is information missing. This could delay the application process. If you are having difficulty completing this form please call one of our advisors on 0300 003 3601. You can also get more information at www.gov.uk

Fill in the form in BLOCK CAPITALS and tick the boxes that apply. Use section 18 to provide any additional information you want and continue on extra sheets if necessary. If you are applying on someone else's behalf answer the questions as though you were the applicant; you will also need to complete section 16 of the form.

We will handle the information you provide in line with the UK General Data Protection Regulation and the Data Protection Act 2018. Under that legislation you can request a copy of the information we have about you.

Please note that the Scheme rules contain various requirements which you must meet before you may be eligible for an award. For further information please see the Scheme and explanatory guide at www.gov.uk

Section 1: Your details

Please answer all the questions in this section.

a) Title (Miss, Mr, Mrs, Ms, etc):

b) Last name:

c) First name:

d) Any other name(s) you have used:

e) Address and postcode:

f) Date of birth (dd/mm/yyyy):

g) Town/place of birth:

h) Nationality:

i) Gender:

j) Contact telephone number:

Home:

Work:

Mobile:

k) Email address:

l) Relationship to the person who died:

m) Were you and the person who died living together as partners for more than two years at the date of their death?

n) Were you estranged from the deceased person immediately before they died?

We will send essential information by post. We may also contact you by email or telephone where necessary.

We can make calls from 8.30am to 5.00pm on Monday to Friday. Please tell us when the best time to call is.

Would you prefer we deal with you or with your representative? Please select the appropriate option:

Section 2: Details of the person who died

Please answer all the questions in this section.

- a) Title (Miss, Mr, Mrs, Ms, etc):
- b) Last name:
- c) First name:
- d) Address and postcode:
- e) Date of birth (dd/mm/yyyy):
- f) Date of death (dd/mm/yyyy):
- g) Gender:

Please provide a copy of the deceased's death certificate.

Section 3: Time limits for applications

We must receive your application as soon as reasonably practicable after the last date of the incident and in any event within two years of that date.

a) Are you applying more than two years after the incident? Select the appropriate option:

If no, go to section 3, if yes, go to b).

b) Are you under 20 years old?

If yes, go to section 3. If no go to c).

c) For us to accept your application there must be exceptional reasons why you could not have applied earlier. Please tell us why you are applying now so that we can take your explanation into account.

Section 4: The terrorist incident

We can pay compensation only where the Foreign Secretary has made the incident a 'designated act'. If the act has not been designated, or you are not sure, please contact us before you apply. A list of designated acts can be found at www.gov.uk

Please answer all the questions in this section.

a) Has the terrorist incident been designated an act for the purposes of the Scheme?

If 'yes', please provide:

The Foreign, Commonwealth and Development Office's name for this incident:

If no, please provide:

Date and time of the incident:

Location:

Incident details:

b) Did you have contact with local Embassy or Consulate staff following the incident?

If 'yes', please provide the name, address and any reference numbers of the person you contacted and the date you first contacted them:

c) Please provide the name, address and any reference numbers of the UK police with whom you have been in contact about this incident:

Please supply evidence that the deceased was present and sustained injuries in the incident. This may include the death certificate and evidence of their travel booking.

Section 5: Nationality

a) Were you a British, Swiss, European Union or European Economic Area national at the time of the incident?

If 'no' please go to question b).

If 'yes', please send a copy of your current passport with your application. If the passport that you had at the time of the incident has now expired, please provide a copy of that as well. If you do not have a passport, we may ask you for further evidence to establish your nationality. Now go to section 6.

b) At the time of the incident, were you a close relative of a British citizen or did you have the right to be in the UK because you were a family member of a person described in a) above? ('Close relative' is defined at paragraph 15 of the Scheme.)

If 'no', please go to question c).

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 6.

c) At the time of the incident were you a member of the UK armed forces or an accompanying close relative of a member of the UK armed forces? ('Accompanying close relative' is defined at paragraph 15 of the Scheme)

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 6.

If you have answered 'no' to all of the questions in this section, it appears that you are not eligible for compensation under the Scheme. Please contact us if you wish to discuss this further.

Section 6: Residence

a) Were you ordinarily resident in the UK on and for a period of at least three years immediately before the date of the incident? (Applicants younger than three years old before the first date of the incident will satisfy the residency requirement if a person who has parental responsibility for them satisfies this requirement.)

If 'no', please go to question b).

If 'yes', please give your address (or addresses) in the UK in the three years before the date of the incident (attach extra sheets if necessary).

Address 1

Resident from

to

Address 2

Resident from

to

You will need to supply documentary evidence that you were resident in the UK during this three-year period. Please supply documents from at least two of the lists below. If you have difficulty providing this information, please contact us for further advice. Please put a tick against the documents you are enclosing with your application, and then go to section 7.

List A		List B		List C	
Pension or benefit correspondence from the Department for Work and Pensions	<input type="checkbox"/>	Bank or building society statements	<input type="checkbox"/>	Rent statements	<input type="checkbox"/>
Addressed payslips from your employer	<input type="checkbox"/>	Credit card statements	<input type="checkbox"/>	Council tax bill or demand letter	<input type="checkbox"/>
Confirmation from your work, school, college, university or care institution confirming your name, address and details of employment, student or residence status.	<input type="checkbox"/>			Tenancy agreement	<input type="checkbox"/>
				Mortgage statements	<input type="checkbox"/>
				Utility bills (gas, electricity, water)	<input type="checkbox"/>

b) Were you a Crown servant ordinarily based in the UK but posted outside the UK (whether or not in the place in which the incident happened), or an accompanying close relative of a Crown servant? ('Accompanying close relative' is defined at paragraph 15 of the Scheme.)

If 'no', please go to question c).

If 'yes', please send evidence of this. Please state below what evidence you are providing, and then go to section 7.

c) Were you a member of the UK armed forces or an accompanying close relative of a member of the UK armed forces? ('Accompanying close relative' is defined at paragraph 15 of the Scheme).

If 'yes', please send evidence of this. Please state below what evidence you are providing and then go to section 7.

If you have answered 'no' to all of the questions in this section, it appears that you are not eligible for compensation under the Scheme. Please contact us if you wish to discuss this further.

Section 7: Funeral expenses

If you paid for the cost of a funeral we may make a payment to you of £2,500 once we have established eligibility for an award.

If there is more than one applicant claiming to have contributed to the cost of the funeral, we will apportion the £2,500 in line with the amount each applicant has paid.

If you are claiming funeral expenses above £2,500, you will need to send us documentary evidence, including receipts, for the total funeral costs so we can decide if they were 'reasonably incurred'. We may pay a further sum up to £2,500. The total award for funeral expenses may not exceed £5,000.

- a) Who paid for the funeral?
- b) What was the total cost?
- c) How much has still to be paid?

Section 8: Dependency and other people who may qualify

If you are a qualifying relative and the death of your loved one has led to financial loss, or if you were dependent on them for care, you may qualify for extra compensation. ('Qualifying relative' is defined at paragraph 52 of the Scheme).

- a) Were you financially dependent on the deceased?
- b) Were you physically dependent on the deceased?
- c) Please list the name, address and relationship to the person who died of any other qualifying relatives. Please continue at section 18 or on a separate sheet if necessary.

Name

Address

Relationship

Name

Address

Relationship

Section 9: Previous applications

a) Have you previously claimed for a payment from this Scheme?

If 'no', please go to section 10. If 'yes', please go to b).

b) What was your previous reference number?

Section 10: Payments or compensation from other sources

You must tell us about any other claims you have made, or intend to make, to other organisations as a result of this incident. Please give the name and full address of the person or organisation (whether in the UK or abroad) from whom you expect to receive payment, the date on which the claim started, and the amount you have received or expect to receive. If there is more than one, please list them all. Please continue at section 18 or on a separate sheet if necessary.

a) Name of person or organisation:

b) Address and postcode:

c) Date claim started:

d) Amount you have received or expect to receive:

Section 11: Unspent criminal convictions in the UK or abroad

We must consider an applicant's unspent criminal convictions. We do convictions checks on applicants. Annex B of the Scheme provides further information on this.

To help us deal with your application, if you have unspent criminal convictions in the UK or abroad, you must provide details below, starting with the most recent. If you were convicted abroad please tell us the country.

Do you have any unspent criminal convictions in the UK or abroad, including simple cautions and reprimands?

If 'no', please go to section 12.

If 'yes', please provide details of all such convictions.

a)

Offence:

Country:

Sentence:

Date of sentence:

b)

Offence:

Country:

Sentence:

Date of sentence:

c)

Offence:

Country:

Sentence:

Date of sentence:

d) If there are any further convictions please list them below using the same format as above (offence; country; sentence; date of sentence):

Please continue at section 18 or on a separate sheet if necessary.

Section 12: The deceased's unspent criminal convictions in the UK or abroad

We must consider the deceased's unspent criminal convictions. We do convictions checks in all applications. To help us deal with your application, if the deceased had unspent criminal convictions in the UK or abroad, you must provide details below, starting with the most recent. If they were convicted abroad please tell us the country.

Did the deceased have any unspent criminal convictions in the UK or abroad, including simple cautions and reprimands?

If 'no', please go to section 13.

If 'yes', please provide details of all such convictions.

a)

Offence:

Country:

Sentence:

Date of sentence:

b)

Offence:

Country:

Sentence:

Date of sentence:

c)

Offence:

Country:

Sentence:

Date of sentence:

d) If there are any further convictions please list them below using the same format as above (offence; country; sentence; date of sentence): Please continue at section 18 or on a separate sheet if necessary

Section 13: Personal injury

You may also be entitled to apply for an award if you were personally injured as a direct result of this incident or as a result of being present and witnessing the incident or its immediate aftermath. Please refer to the Scheme and the guidance at www.gov.uk for more information on eligibility.

a) Were you present at this incident or its immediate aftermath?

If 'no', please answer question b) and then go to section 16

If 'yes', please go to c).

b) When did you become aware the deceased had been fatally injured?

c) Were you injured, physically or mentally, as a direct result of the incident or as a direct result of witnessing it?

If 'no', please go to section 16.

If 'yes', please go to d).

d) Please give brief details of your involvement in the incident or the immediate aftermath of the incident including where you were at the time, and then please complete sections 14 and 15.

Section 14: Your injuries

Please note that we will send you two case reference numbers. One reference number will be for the fatal award claim. The second will be for your personal injury claim.

a) Please list the physical and/or mental injuries you were treated for as a result of the incident. This only needs to be a brief description (for example, 'loss of sight':

b) Do you have very limited or no capacity for paid work as a direct result of your injuries?

Section 15: Medical details

Please answer all the questions in this section.

a) Did you attend Accident and Emergency (A&E) either in the country concerned or in the UK, or both?

If 'yes', please give the name and address of the A&E hospital and the date you attended.

A&E name and address:

Date attended:

b) We appreciate that it is possible that you made a number of visits to hospital(s) in the UK in relation to the injuries that you received. Please provide details of the hospital(s) visited with approximate dates for these visits and the department you attended.

Hospital(s) attended:

Department(s) attended:

Date(s) attended:

Hospital(s) attended:

Department(s) attended:

Date(s) attended:

Please continue at section 18 or on a separate sheet if required.

General practitioners (GPs) hold medical records, which we may need to access. Please give the name and full address of your GP, even if you didn't see them about the incident.

If you did see your GP, give the date you first attended in relation to the incident:

d) If you are continuing to receive treatment for the injuries from a doctor other than your GP (for example, a hospital consultant), please give the name and full address of the doctor concerned. If there is more than one, please list them all. Please continue at section 18 or on a separate sheet if necessary.

e) Please give details of anyone else you have received treatment from:

Section 16: Representative's details

You only need to complete this section if you are applying on behalf of someone else. Please tick the relevant box:

I am applying on behalf of someone for whom I have parental responsibility.

Complete sections 16(a) and (b).

I am applying on behalf of someone over 18 who is legally incapable of managing their own affairs.

Complete sections 16(a) and (c).

I am acting as the applicant's representative.

Complete sections 16(a) and (d).

a) Your details

Title (Miss, Mr, Mrs, Ms, etc):

Last name:

First name:

Address and postcode:

Contact telephone number:

Home

Work

Mobile

Email address:

Relationship to the applicant (for example, parent, guardian, social worker, solicitor):

b) Persons with parental responsibility for the applicant

Please provide a copy of the child's full birth certificate.

Do you share parental responsibility with another parent or guardian?

If 'yes', please give that person's name:

Is there a care, supervision, residence or other local authority order over the child?

If 'yes', give the name and address of the local authority and enclose a copy of the documentation.

c) Persons acting on behalf of someone over 18 who is legally incapable of managing their own affairs

Is the person incapable of managing their own affairs under the Mental Capacity Act 2005 (England and Wales) or Adults with Incapacity (Scotland) Act 2000 or Mental Health (Northern Ireland) Order 1986?

Do you have legal responsibility for this person?

If 'yes', please send evidence of this.

If 'no' then although we will register the application, we will be unable to take any further action until you have the legal authority to make decisions on their behalf.

d) Persons otherwise acting as the applicant's representative

DX number (this is a solicitor's legal postal address):

Claims management regulation number (if relevant):

Reference number we should quote in correspondence:

Please tick this box to confirm that you have explained to the applicant that they are responsible for paying any fee you may charge:

Section 17: Please tick the relevant boxes to show what documents you have enclosed

Please send photocopies of any documents.

	Enclosed	Not applicable
Current and previous passport (valid at the time of the incident).	<input type="checkbox"/>	
Evidence of residence in the UK for three or more years prior to the incident.	<input type="checkbox"/>	
Death certificate (must be supplied).	<input type="checkbox"/>	
Marriage certificate (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that you and the person who died lived together (for example, joint mortgage statement or tenancy agreement).	<input type="checkbox"/>	<input type="checkbox"/>
Registration document if you were civil partners.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificate of anyone under 18.	<input type="checkbox"/>	<input type="checkbox"/>
Adoption certificate (where applicable).	<input type="checkbox"/>	
Evidence that the deceased (and you if applicable) was/were present at the incident.	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that an applicant under 18 is in the care of a local authority.	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that you have legal responsibility for an applicant over 18 who is legally incapable of managing their own affairs.	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details of what you are providing).	<input type="checkbox"/>	

Section 18: Additional information

Please tell us anything else that you think we need to know (below).
Please continue on a separate sheet if necessary.

Question number	Additional information

Section 19: Consent form

Please sign the following authorisation and return this form and supporting documents to us at the address given on the front of this form.

I have read and agree with the following statements:

1. The information I have given CICA is true. I understand that if I knowingly give information that is incorrect, I may be liable to prosecution or other action.
2. CICA has my permission to carry out a convictions check on me and, in fatal injury applications, the deceased.
3. I agree to notify CICA or, if appropriate, the First tier Tribunal (Criminal Injuries Compensation) of any changes to the information I have provided or will provide.
4. I consent to CICA providing HM Revenue & Customs (HMRC) with information I have provided in this form and to HMRC providing CICA with all details of my taxable earned income (including its source)

and my National Insurance contributions to date. Only the minimum information needed by CICA to assess my application will be shared.

5. I consent to CICA contacting any of the people or organisations listed below and obtaining information from them in order to process my claim or to verify any of the information I have provided. CICA may also tell the people and organisations listed below that I have made this application, may share with them any information CICA holds about me where this is required to deal with my claim, and may tell them of the decision in my case where appropriate:
 - Police authorities in any country I may have lived as an adult;
 - ACPO Criminal Records Office (ACRO);
 - Foreign, Commonwealth and Development Office;
 - Medical authorities and practitioners (including police doctors and surgeons) with information relevant to my case;
 - Department for Work and Pensions;
 - HM Revenue & Customs;
 - Any other person or organisation with information relevant to this application;
 - The representative named by me (if any).
6. If I appoint a solicitor to represent me and then decide that I no longer wish to use their services, I will advise CICA in writing. I agree that if any award of compensation is made in circumstances where there is a dispute between me and my former solicitors about their interest in that award due to outstanding legal fees, CICA may keep the amount in dispute until the matter has been resolved.
7. I understand that CICA may reduce or refuse an award of compensation if I do not reply to correspondence or inform CICA of my current address.

If the applicant is 12 years or older they must sign this form at a) below. If you are filling in this form for someone under 18 or for someone who, even with assistance, lacks the capacity to understand it or make a decision on it, you should sign at b) below. Please note that for security purposes, CICA will not accept a digital signature.

a) Applicant (aged 12 or over)

b) Parent, guardian or authorised person

Sign

Sign

Print

Print

Date

Date