# Department for Work and Pensions Notification of a claim for compensation

Please use black ink and block capitals when completing this form

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| Notification of a claim for compensation made against an authorised insurer, as defined by the MOTOR TRAFFIC (THIRD PARTY INSURANCE) (JERSEY) LAW 1948. (This involves the use of a motor vechile on the road where the incident occurred on or after 26 February 2013). Details are to be provided in accordance with the Motor Traffic (Third-Party Insurance) (Cost Recovery) (Jersey) Regulations 2013. |  |

## Injured person’s details

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| --- | --- | --- | --- |
| National Insurance (NI) number  | Date of birth |  |  |
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| Surname  | Date of death (if applicable) |  |  |
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| First forename(s) | Address  |
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| Other forename(s) |
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| Any other known surname(s) for examplemaiden name |
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| Title  | Sex(F for female, M for male) |
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## Reason for claim as alleged by the injured person

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|  | Date of accident/incident |

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| Accident/incident – details of injury sustained resultingfrom the accident and condition/reason for whichcompensation is claimed (include specific body part injured, left or right where appropriate) |

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## Compensator details

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| Name of compensator or compensator’s representative |  | On behalf of: (enter name of compensator if representative’s details given opposite) |
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| Full postal address  |  | Your reference (maximum of 24 characters) |
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|  | Name of insured / policy holder or car registration |
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|  |  |
|  |  | Telephone |  | Fax |
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## Injured person’s representative details

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| Name of representative |  | Reference (maximum of 24 characters) |
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| Full postal address  |  | Telephone |
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## Hospital details

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| Did the injured person receive Jersey HCC treatment because of the incident? | \*Yes[ ]  No[ ]  Not Yet Known[ ]   |
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| Details of the hospital(s) the injured person attended or admitted to in order of attendance. |
| Name of hospital 1 (if applicable) |  | Name of hospital 2 (if applicable) |
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| Address (if applicable) |  | Address (if applicable) |
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| Send this form to:What to do nowemail: | Debt Centre SunderlandCompensation Recovery UnitPost Handling Site BWolverhamptonWV99 2FRcru1@dwp.gov.uk  |  |