



A claim for compensation because of an accident or incident

Other ways to communicate with us

If you need braille, British Sign Language, a hearing loop, translations, large print, Easy Read, audio or something else, please contact us on 0800 151 3157.

If you use Relay UK dial 18001 followed by our telephone number.

About filling in this form

This form must be completed to make a claim for compensation.

Please answer all questions. If this form is not completed correctly we may not be able to register the claim.

Please complete this form carefully. If you fill in this form using a pen, use black ink and CAPITAL LETTERS.

About the injured person

01 Title

For example Mr, Mrs, Miss, Ms or other

02 Last name**03 First names****04 Any other surnames or family names the injured person has used or has been known by****05 National Insurance (NI) number****06 Address**

Postcode

07 Date of birth

DD/MM/YYYY

08 Date of death

(if applicable)

09 Gender

Female

Male

Reason for claim

10 What is the reason for claiming?

a disease [Go to question 14](#)

an accident

clinical negligence

11 What date did the accident or alleged clinical negligence occur?

Type of liability

12 Pick a type of liability from one of these options:

Employer

Clinical negligence

Public

Motor

Other

If you have ticked other please tell us the type of liability

About the accident or incident

- 13** If this compensation claim is because of an accident or incident, please describe the injuries that happened.
- Include details of the specific body parts injured, for example left arm, left ankle. We cannot accept 'to be confirmed' or 'not known'

Now **go to question 17**

Name of disease

- 14** Please tell us the name of the disease compensation is being claimed for
- 15** Please provide details of the condition(s) compensation is being claimed for

- 16** Was compensation being claimed for the condition(s) before the disease was diagnosed?

No
Yes

About the compensator

17	Name of compensator
18	Name of compensator's representative
19	Address of compensator or compensator's representative if applicable
	Postcode
20	Your reference Maximum 24 characters
21	Name of insured person or policyholder
22	Telephone number

About the injured person's representative

23	Name of representative
24	Address
	Postcode
25	Your reference Maximum 24 characters
26	Telephone number

About the hospital(s) attended because of the accident or incident

27

Did the injured person receive NHS treatment because of the incident?

No

Yes

Not yet known

28

Is the compensator the same as the Trust?

No

Yes

[Go to What to do next](#)

If no, please list the hospital(s) in the order the injured person attended.

Hospital 1

29

Name of the first hospital

(if applicable)

30

Address

(if applicable)

Postcode

Hospital 2

31

Name of the second hospital

(if applicable)

32

Address

(if applicable)

Postcode

33

Further hospitals

If further hospitals attended, please give details.

What to do next

Check to make sure that you have answered all the questions and provided the information that is required.

Send your completed form

By post:
Debt Centre Sunderland
Compensation Recovery Unit
Post Handling Site B
Wolverhampton
WV99 2FR

By email:
[**cru1@dpw.gov.uk**](mailto:cru1@dpw.gov.uk)

More information

Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality Act' on [**www.gov.uk**](http://www.gov.uk)

Call charges

Calls to 0800 numbers are free from personal mobiles and landlines.

Why DWP needs personal information and how we treat it

DWP needs the information requested for the purpose of performing our functions as a government department.

We take data protection seriously and treat personal information carefully. To find out more about how we use information and for what purposes, please visit our DWP Personal Information Charter at [**www.gov.uk/dpw/personal-information-charter**](http://www.gov.uk/dpw/personal-information-charter)

Official DWP social media channels



[**www.youtube.com/dpw**](http://www.youtube.com/dpw)



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DWP British Sign Language (BSL) videos



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