SUFFOLK COUNTY COUNCIL

RISK MANAGEMENT PROGRAMME – INCIDENT/BUILDING MAINTENANCE/DEFECT/INSURANCE CLAIM FORM

INCIDENT NUMBER

FOR USE IN COUNTY TREASURERS

DEPARTMENT

ESTABLISHMENT

ADDRESS

BUILDING/BLOCK/LOCATION

LAFIS LOCATION CODE (IF KNOWN)

INCIDENT DATE — EXAMPLE 0 2 0 3 8 8

INCIDENT TIME — EXAMPLE 1 4 1 5

WERE PREMISES OCCUPIED AT TIME OF INCIDENT? YES ☐ NO ☐ TICK BOX

INCIDENT/LOSS/DEFECT — SECTION A

(TICK APPROPRIATE BOXES)

MATERIAL DAMAGE/LOSS

BUILDING	☐	MARINE CRAFT	☐
CONTENTS	☐	MOTOR VEHICLES	☐
GROUNDS	☐	OTHER (SPECIFY)	☐ .....

CAUSE

HAVE THE POLICE OR FIRE SERVICE BEEN NOTIFIED? POLICE YES/NO | FIRE YES/NO

FIRE - ARSON*	☐	EXPLOSION	☐	SUBSIDENCE	☐
FIRE - CONTRACTOR*	☐	VEHICLE IMPACT*	☐	THEFT/BURGLARY*	☐
FIRE - ELECTRICAL	☐	AIRCRAFT IMPACT	☐	ACCIDENTAL DAMAGE*	☐
FIRE - CHEMICAL	☐	STORM	☐	VANDALISM*	☐
FIRE - ACCIDENTAL*	☐	FLOOD	☐	RIOT/CIVIL COMMOTION*	☐
LIGHTNING	☐	BURST PIPES	☐	FAIR WEAR AND TEAR	☐
		OTHER (SPECIFY)	☐	.....	

* If known provide name and address of person or firm causing the damage and tick box

EMPLOYEE ☐ ADULT ☐ CHILD ☐ OTHER ☐ CONTRACTOR ☐ RESIDENT ☐ STUDENT ☐

VEHICLE REGISTRATION, MAKE AND MODEL .....

BUILDING DAMAGE/DEFECT REPORT — SECTION B

DETAILS:

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HAS THE COUNTY ARCHITECT BEEN ADVISED BY TELEPHONE? YES ☐ NO ☐

IF YES - NAME OF PERSON TO WHOM REPORTED .....

DATE REPORTED .....

ORDER INSTRUCTION - TO BE COMPLETED BY COUNTY ARCHITECTS DEPARTMENT

C/A REF.NO.	INT.	DATE	RESERVED ORDER No.

INSTRUCTION:

CONTRACTOR — CODE

MAINTENANCE WORK CATEGORY			1 Ø 1	£				1 Ø 1	£
CODE			1 Ø 1	£				1 Ø 1	£
COMMENTS:			1 Ø 1	£				1 Ø 1	£

NON MAINTENANCE: AUTHORITY/COMMENTS	CODE		£
			£

CONTENTS LOSS/DAMAGE — SECTION C

LIST BELOW THOSE ITEMS REQUIRING REPAIR/REPLACEMENT. PROVIDE AN ESTIMATE OF REPAIR/REPLACEMENT COSTS. EXCLUDE CASH SEE SECTION D.

ITEM	COST	ITEM	COST
1		15	
2		16	
3		17	
4		18	
5		19	
6		20	
7		21	
8		22	
9		23	
10		24	
11		25	
12		26	
13		27	
14		TOTAL	£

DETAILS OF MONEY LOST/STOLEN — SECTION D

WAS MONEY SCC/ SCHOOL FUND, PRIVATE MONIES OR AMENITY FUNDS	DESCRIPTION OF MONEY - (Petty Cash, Wages, Stamps, Dinner Money, Telephone Money, Postal Orders)	VALUE OF MONEY LOST OR STOLEN
	TOTAL OF CLAIM	£

HAVE THE POLICE BEEN NOTIFIED OF THE LOSSES/THEFT? YES ☐ NO ☐

WHERE WERE THE ITEMS/CASH AT THE TIME OF THE LOSS/THEFT? .....

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PROVIDE A BRIEF DESCRIPTION OF HOW THE INCIDENT OCCURRED.

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NAME FOR CONTACT ..... TEL. No. .....

POSITION HELD .....

SIGNATURE ..... DATE .....

FOR USE IN COUNTY TREASURERS DEPARTMENT — SECTION E

INSURANCE CLAIM NUMBER .....

COST OF REPLACEMENT/CLAIM .....

ACCOUNT NUMBER RAISED .....

DATE TO INSURERS .....

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Item marked with * are subject to an insurance claim (Section C)

FOR USE IN DEPARTMENTAL ADMINISTRATION — SECTION F