

COMPENSATION CLAIM

URN: 62CA0123456

R v LINDA ROBERTS

Offence: CRIMINAL DAMAGE AND ASSAULT

Date of offence: 12/12/2019

COMPENSATION FORM: NOTES FOR GUIDANCE

If you have any queries regarding completion of this form, contact **OIC – PC 999 WILLIAMS**

The offence for which proceedings have been instituted may give rise to the question of compensation. The relevant sections of pages 1-4 of this form should be completed clearly in **BLOCK CAPITALS** and returned to the Crown Prosecution Service at the address on the accompanying letter.

It is very important that this form is completed as soon as possible. If sent to you by post it must be returned immediately. Failure to return this form on time may lead to the case proceeding without an application for compensation being made on your behalf. If you do find that you require extra time, please telephone the above number to see if an extension is possible.

**COMPLETE ONLY THE SECTIONS WHICH APPLY TO YOU. THIS FORM MUST BE SIGNED AND
DATED ON PAGE 3.**

PLEASE NOTE: the magistrate or judge will decide whether or not to order compensation. We have no authority over this decision.

Personal injury claims can also be pursued via the Criminal Injuries Compensation Authority - please refer to the enclosed victim of crime leaflet for details.

A. Property stolen (and not recovered) or damaged

(N.B. in the case of road traffic collisions, please complete section D)

Relates to property stolen or damaged that has not been recovered by police. This section does not apply to damage caused in a road traffic collision - please use Section D.

It is important that you provide documentary evidence to support your claim. This means that copies of receipts, estimates or bills should be provided wherever possible. Property recovered by police but not yet returned to you (due to it being used in evidence) should not be claimed for, as this will be restored upon completion of the court case

*Costs of
replacement or
repair (incl
VAT).*

Description of item(s)	Amount
SMASHED WINDOW – DOUBLE GLAZED SIZE ? X ?	£450
	Total: £450



**RESTRICTED – FOR POLICE, PROSECUTION AND
COURT ONLY (when complete)**

COMPENSATION CLAIM

B. Other financial loss

Relates to other expenses. For example:

- loss of earnings - if you had to take unpaid time off work due to injuries sustained
- taxi fares - due to being without your car as a result of a traffic collision / criminal damage
- travelling expenses - incurred by having to visit hospital / specialists as a result of injuries sustained.

It is important that you provide documentary evidence to support your claim. This means copies of receipts, estimates or bills should be provided wherever possible.

*Details of other
financial loss or
expenses
incurred as a
result of the
offence*

Description of item(s)	Amount
NONE	
	Total:

C. Personal injury (Also include injury sustained as a result of a road traffic collision)

Relates to injuries sustained as the result of an assault or traffic collision. It is important that you also fill in page 4 of this form, as we will need to obtain medical evidence on your behalf. Please continue on a separate page if the space provided is not sufficient. In serious injury cases, where you may suffer long-term effects, please keep the case clerk informed of your condition as the case progresses.

The police cannot obtain medical evidence on your behalf unless you have authorised us to do so. You MUST complete and sign a form giving us authority to ask for details of your medical condition to be disclosed. We can then contact the hospital, your GP or dentist and ask them to provide a statement detailing your injuries and treatment. The police officer in charge may have already asked you to complete a form. If not, please contact the case clerk as soon as possible.

Nature of injuries: BROKEN NOSE AND TWO BLACK EYES, SUPERFICIAL SCRATCHES TO LEFT SIDE OF FACE

Details of medical treatment received (please also complete page 4): ATTENDED AT GP SURGERY DUE TO CONTINUING HEADACHES OVER THE FEW DAYS FOLLOWING THE INCIDENT AND PAIN KILLERS WERE PRESCRIBED.

Have you fully recovered? Yes ☒ No ☐

If 'No', describe continuing ill effects:



**RESTRICTED – FOR POLICE, PROSECUTION AND
COURT ONLY (when complete)**

COMPENSATION CLAIM

D. Road traffic collision / damage

Relates to traffic collisions only. It is important that you provide us with details of your insurance company so we can liaise with them during the prosecution. A copy of the bill / estimate regarding damage MUST be attached

Description of damage: N/A

Cost of repair:

Written estimate / bill attached? Yes ☐ No ☐

Name and address of your insurance company:

E. Insurance details

It is important that you tell us of any claims you have already made or intend to make via your car / home / medical insurance. Please ensure that a copy of your claim form and/or the company's reply is attached to this form.

Loss of 'no claims bonus'?

Yes ☐ No ☒

If 'Yes', please give amount:

Excess on policy?

Yes ☐ No ☒

If 'Yes', please give amount:

Confirmatory letter from insurance company attached?

Yes ☐ No ☒

Signed: A. JONES (VICTIM)

Dated: 29/12/2019



COMPENSATION CLAIM

Personal details of claimant

Name:	ANNE JONES
Address:	3 CHURCH ROAD, SWANSEA, SA1 2AB
Home telephone number / mobile:	07881 123456 /
Business telephone number:	N/A
E-mail address:	ANNE.JONES@EMAIL.COM

Details of doctor/dentist (personal injury cases ONLY)

1. Did you attend Accident and Emergency as a result of your injuries?	Yes ☐ No ☒
If 'Yes', please complete details below:	
Hospital:	
Date of attendance:	
Doctor's name if known:	

2. Were you referred to a specialist / other department?	Yes ☐ No ☒
If 'Yes', please complete details below:	
Hospital:	
Date of attendance:	
Doctor's name if known:	

3. Have you seen your GP/dentist in relation to these injuries?	Yes ☒ No ☐
If 'Yes', please complete details below:	
GP / Dentist's name: DR THOMAS	
Surgery address: HIGH STREET SURGERY, SWANSEA	
Date of attendance: 15/12/2019	

