

# Compensation claim form

This form is to be used to make a compensation claim to One Manchester. Submitting this form does not mean compensation will be paid. The purpose of this form is to allow One Manchester to investigate the claim and make an informed decision as to whether compensation is due and if so, how much. Please try to include as much detail and evidence as possible when submitting a claim.

Claims should be made no later than six months after the damage or loss has been incurred. All claims will be acknowledged within five working days and assessed within 20 working days of receipt unless further actions are required to take place before compensation can be considered. Only in exceptional circumstances will we consider a claim after the six month period and that will be assessed on a case by case basis and entirely at our discretion.

Claimant details			
Name			
Telephone number		Mobile number	
Email		D.O.B	

Completing officer name	Job title	Telephone number

Current address		Claim address <i>(if different from the current address)</i>	
House number		House number	
Property name		Property name	
Street		Street	
Town		Town	
Postcode		Postcode	
Tenancy start date		Tenancy start date	

Claim details		
Has the claimant also submitted a complaint prior to applying for compensation?	Yes	No
What is the primary reason for the compensation claim?	Please tick	
Inconvenience/disruption		
Damage		
Accident/injury		
Financial loss		
Other		

Claim summary *(please continue on a separate sheet where necessary)*

**Damage claims**

What date did the damage occur?		What date was the damage reported?		To whom was the damage first reported?	
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**Inspecting officer**

Name		Job title	
Telephone number		Damage Inspection date	

Damage inspection summary *(please continue on a separate sheet where necessary)*

Contractor				
Is the nature of the claim covered by contractor's maintenance liability?			Yes	No
Business name				
Street				
Town				
Postcode				
Contract title				

Insurance					
Does the claimant have home contents insurance?		Yes	No		
If yes, have they made a successful claim?		Yes	No	Pending	
Claim awarded		£			
How much is the insurance policy excess?		£			
Name of insurance company					
Street					
Town					
Postcode					
I certify that the information I have supplied is true and correct to the best of my knowledge and belief. I understand that a false statement could affect my claim and could lead to appropriate action being taken.					
Print name					
Signature					
Date					

# Office use only

Claim log number						
Claim decision (please tick)	Referred		Accepted		Rejected	

Reason for decision

Compensation award	Value (£)
Cash	
Replacement of goods	
Replacement goods and services	
Total value	

## Rent and recharges

Is the claimant in rent or recharge arrears?	Yes		No	
Amount of arrears (£)				
Date checked				

## Authorised by

Job title			
Name		Surname ( <i>family name</i> )	
Signature		Date	

## Claims processing

All compensation claims must be logged on Aareon QL.

If the claimant has submitted a complaint prior to applying for compensation, establish the complaint's current status including whether compensation has been or is being considered as part of it. If a complaint is outstanding the new compensation Aareon QL record must be linked to it.

All accident/injury claims must be referred to One Manchester's Health and Safety Manager.

Damaged items must be retained and receipts verified where possible.

No decision should be made pending the outcome of an outstanding insurance claim. Where a successful insurance claim has been made, One Manchester will not compensate monies already awarded by another body.

If any money is owed to One Manchester, the compensation payment will be offset against the debt.

Payments can be authorised as follows:

<b>Payment Amount</b>	<b>Authorised member of staff</b>
Up to £20	Officer
Up to £100	Team Leader/Complaints Team
£101-£300	Service Manager
£301-£1500	Director
Over £1500	Chief Transformation Officer



