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| **PES CLAIM REPORT FORM** |  |

**Please return to:**

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| NHS Litigation Authority2nd Floor151 Buckingham Palace RoadLondonSW1W 9SZ | Please complete fully in **BLOCK CAPITALS** |

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| **1. MEMBER DETAILS** |  |
| Membership Number: |  |
| Name and Address: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Contact name: |  |
| Contact details (including email): |  |

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| **2. INCIDENT DETAILS** |  |
| Date: |  |
| Location address: |  |
| Brief Circumstances: |  |
| Remedial action taken: |  |

|  |  |
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| **3. WITNESS DETAILS (continue on separate sheet, if necessary)** |  |
| Name: |  |
| Grade: |  |
| Department: |  |
| Address (if not staff): |  |
| Name: |  |
| Grade: |  |
| Department: |  |
| Address (if not staff): |  |

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| **4. DETAILS OF LOSS** |
| ***Description of Property damages/stolen*** | ***Owner of Property (i.e. employee, patient or visitor)*** | ***Estimated repair costs (or value, if destroyed)*** |
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| **5. ANY ADDITIONAL INFORMATION** |
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| **6. DECLARATION** |
| Name: …………………………………………………… | Signature: ……………………………………………….. |
| Position of Signatory: ……………………………………. | Date: ……………………………………………………... |

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**October 2019**