



**OFFICE OF THE GOVERNOR OF PITCAIRN, HENDERSON,  
DUCIE AND OENO ISLANDS**

c/o British High Commission  
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**Claim for compensation after a personal injury identified during  
Operation Unique**

<b>1</b> <b><u>Details of the injured person</u></b>							
Title (Mr, Mrs, Miss and so on):							
First names:							
Last name:							
Any other last name you have used (for example, your maiden name):							
Address and postcode:							
Date of birth:				Are you:		male?	female?
Are you:	married?	single?	widowed?	divorced?	separated?	Living with a partner?	Living with a civil partner?
Contact telephone number (optional):							
Email address (optional):							

<b>2</b> <b><u>Details of any representative helping with this claim</u></b>							
If you want, you can use the services of a representative (such as a solicitor or Citizens Advice). We cannot pay compensation to children under 18 to anyone other than their parent or guardian.							
Is a representative helping you with this claim:		No	Yes	Go to part 3 If so, give the representative's details below.			
Representative's full name:							
Address and postcode:							
Phone number:							
Reference number we should quote: (This should be in any letter you have received from your representative.)							
Do you want us to deal directly with the representative?		No	Yes				

**3**      **Details of the incident**

Please provide as much information as possible. If necessary, we may obtain additional information from the police officers involved in Operation Unique, Pitcairn Public Prosecutor, or Pitcairn Courts.

Is the injury a result of:	a single incident? <input type="checkbox"/>	date:	<input type="text"/>	time:	<input type="text"/>	am/pm
	abuse over a period of time? <input type="checkbox"/>	from:	<input type="text"/>	to:	<input type="text"/>	

Your address at the time of the incident:	<input type="text"/>
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Description of where the incident took place:	<input type="text"/>
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What happened	<input type="text"/>
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(Continue on a separate sheet if necessary.)

### 3 Details of the incident (continued)

Who injured you? (Give their full name if you know it.)			
Did anyone see the incident or abuse or give information to the police officers involved in Operation Unique?	No	<input type="checkbox"/>	Go to part 4.
	Yes	<input type="checkbox"/>	Give their names and addresses below?

### 4 Details of the report to the police during Operation Unique

Were the police told about the incident or abuse?	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	
If no, why wasn't the incident or abuse reported to the police during Operation Unique?			
If yes, did you, or someone acting for you, make a formal report?	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	
Who told the police about the incident or abuse?	You	<input type="checkbox"/>	
	Someone else	<input type="checkbox"/>	Who? <input type="text"/>
Did you give the police a written statement?	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
Was the person who injured you convicted for the incident or abuse?	No	<input type="checkbox"/>	Yes <input type="checkbox"/> Don't know <input type="checkbox"/>

**Note: When we are considering your claim, we will contact the police officers involved in Operation Unique for information about the incident. We will withhold compensation if, for example, you failed to co-operate with the Governor, police officers involved in Operation Unique or other authority in attempting to bring an assailant to justice.**

**5**      **Description of injuries and treatment**

Describe any physical and mental injuries you received. (You do not need to use medical terms or send photos).

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Did you see a doctor for medical, psychiatric or psychological treatment?

No     Yes

If so, give name and address of hospital/other treatment centre:

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Consultant or department's name (if known):

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Name, initials and address of your GP:

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Hospital/treatment centre reference number:

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**6**      **Your remarks**

The information you have given on the form should be enough for us to consider your claim. If you want to add anything that you think will help your claim, please give details below

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(Continue on a separate sheet if necessary.)

## 7 Authorisation

Please read this part carefully before you sign below. Your signature authorises us to investigate your claim and get reports from relevant authorities.

I have read and agree with the following statements:

- The information I have given in this form is true.
- If I deliberately provide false information on this form you may refuse my application under paragraph 8 of the Compensation Framework. (An example of false information is deliberately exaggerating injuries.) You may also reuse my application if I send in two forms for the same incident and do not explain that one is a copy.
- I understand that you may contact the police officers involved in Operation Unique or other organisation if you consider that any information provided to support this application is fraudulent.
- I will give you and the Governor in the event of an appeal, written details if any of the information I have provided in this form changes.
- I will give you and the Governor, if appropriate, all the reasonable help you need and let you see all medical and psychiatric reports about my injury.
- The following organisations can supply any information you or the Governor, if appropriate, need for this claim.
  - The police officers involved in Operation Unique
  - Medical Authorities
  - Pitcairn Chief Justice
  - Pitcairn Public Prosecutor
  - Any other person or organisation with information relevant to this application
- You and the Governor, if appropriate, may tell the people and organisations listed above that I have made this application, and tell them your decision.

## 8 Signature

Injured person's signature:	
Name (please print):	
Date:	