



Request for disclosure of CCTV footage under Schedule 2 Para 5 of the Data Protection Act 2018 – Insurance Company

Section 1 Details of Insurance Company making request

Company Name	
Registered Office (inc. postcode)	
Telephone Number (switchboard)	
Company Email Address	
Website Address	

Section 2: Details of Insurance Company employee making request

Employee Name	
Job Title	
Telephone Number (direct line)	
Email Address	
Your Reference Number	

Section 3: Claimant details*

Claimant Name	
Claimant Address (inc. postcode)	
Telephone Number	
Email Address	

**Please note that the claimant may be contacted by the Council to validate the request if there is a query as to the authenticity of the request.*

Section 4: Purpose for which the CCTV footage is being requested

		Yes / No
a.	It's disclosure is required under an enactment by rule of law or by order of the court (Sch 2, Para 5 (2))	
b.	For the purpose of, or in connection with, any legal proceedings - including prospective legal proceedings (Sch 2, Para 5 (3a))	
c.	For the purpose of obtaining legal advice (Sch 2, Para 5 (3b))	
d.	To establish, exercise of defend legal rights (Sch 2, Para 5 (3c))	
Please provide further evidence/details to support the above here:		

Section 6: Details of CCTV footage being requested

Date of incident	
Time of incident (within 1 hour)	
Location of incident (area, town street, postcode etc. – please be as precise as possible)	
Description of incident of incident (please provide us with as much information as possible to help us identify the footage you require).	
Description of vehicles / individuals involved (please provide us with as much information as possible to help us identify the footage you require).	

Section 5: Declaration

- I wish to obtain CCTV footage under Schedule 2 Para 5 of the Data Protection Act 2018.
- I confirm that I am authorised to make this request on behalf of my employer (as detailed in section 1 of this form).
- I confirm that the information is required for the purpose(s) indicated in section 4 of this form and non-disclosure would prejudice that purposes(s).
- I confirm that any footage disclosed to me as an employee of the above named company (Section 1) will only be used for the purpose(s) specified in Section 4 of this request form.
- I understand that a non-refundable administration fee of £10.00 applies regardless of the search result (positive / negative).

Employee signature:	
Date:	

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Date of search:				
Search Result (please '√')	Positive:		Negative:	
V-TAS incident No:				
CCTV Operative Name:				