

Request for Compensation



This form should be completed and returned to:

claims@mountalexander.vic.gov.au

For information about claims and making a claim visit www.mountalexander.vic.gov.au and search - claims.

Please tick boxes where appropriate

Please select the compensation being sought:

Property Damage Personal Injury Motor Vehicle Other

1. Contact Details

Title: Mr Mrs Ms Other

Full Name:

Telephone No: Mobile No:

E-mail:

Address:

State: Postcode:

2. Date and Time of Incident

Date of Incident: Time of Incident:

3. Weather Conditions

Conditions (E.g. Dry, Windy, Raining, Sunny):

4. Location of Incident

Address:

State: Postcode:

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4. Location of Incident *cont...*

Please provide details of the exact location, please also attach supporting photographs, map pin drop, or marking depicting the area in question:

If the location is unclear please provide a sketch to assist us in our investigations.

5. Introduction

If you are seeking compensation for loss or damage arising from an incident, which you believe has been caused by negligence on behalf of Council, Council will investigate the circumstances surrounding the incident to establish whether or not Council has any legal liability.

6. The Road Management Act 2004 - Property Damage

Does your claim for **property damage** arise from the condition of the Roadway/Footpath? Yes No

If yes, please be advised, the provisions of the Road Management Act 2004 require an individual or company seeking compensation for property damage arising from the condition of the roadway, to pay the first \$1,580.00 of any claim regardless of liability (includes motor vehicles, clothing, glasses etc).

Does your request for compensation exceed this amount? Yes No

If you ticked **Yes** then **No** above Council has no liability. For more information visit: http://www.austlii.edu.au/au/legis/vic/consol_act/rma2004138

7. Incident Details

Please provide details of the incident and why you believe Council is liable. If you need more space please attach the details separately:

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8. Compensation Sought

Please provide details of the compensation sought:

Amount: \$

Is the total GST Inclusive? Yes No

9. Insurance Details

Have you claimed against your insurer? Yes No

Insurance Provider:

Claim / Policy Number:

Contact Name:

Contact Number:

10. Witness

Did anyone witness the incident? *(If yes, please provide their details):* Yes No

Contact Name: Contact Number:

Full Name:

Telephone No: Mobile No:

E-mail:

Address:

State: Postcode:

11. Evidence

In order to succeed in your request for compensation you will be required to establish that Council caused the alleged loss and/or damage through some form of negligence. In any public liability claim the burden of providing proof of negligence rests with you as the person seeking compensation, Council can not assist you in this.

Please explain any evidence you are submitting or attaching to support your claim:

Is the evidence referenced attached to this document? Yes No

12. Photographs

One of the most effective ways to avoid confusion about the circumstances surrounding your claim is through the use of photographs. Without this information Council is unable to be sure it is investigating the correct issues.

Please provide a minimum of 3 photographs in support of your claim.

Your photographs need to show the following:

- The area of property that has sustained damage,
- A clear marking on the photo showing an area where a trip and fall occurred,
- Clear photographs of roots and trees if you are making a tree root claim,
- Photos of injuries if relevant,
- A variety of shots and angles to clearly show the situation.

13. Other Supporting Information

One of the most effective ways to avoid confusion about the circumstances surrounding your claim is through the use of photographs. Without this information Council is unable to be sure it is investigating the correct issues.

Other supporting information may include the following:

- Relevant records or statements from medical professionals,
- Proof of income prior to the incident if claiming loss of income,
- A statement from your employer confirming you have been unable to work,
- Anything else that helps support your claim.

Disclaimer

Completion and acceptance of this form does not represent an admission of liability on the part of Council and/or their insurers. Your claim will be subject to investigation and the findings assessed on their own merits.

As all claims are assessed on their own merits, it can take some time to collate all the relevant information before we are in a position to make an accurate decision on liability. The process takes approximately 4-6 weeks; however, this timeframe can be longer due to delays in obtaining information and other factors beyond Council's control.

We will endeavour to respond to claims as quickly as possible, but claims brought in negligence are often reliant on various sets of information and, therefore, assessment may take some time to complete.

Council complies with all its obligations under the provision of the Privacy Act and is committed to transparency and integrity in all its activities and programs. All information you supply is treated as private and confidential.

Please Print Name:

Signature:

Dated:

On completion of this form, please save it then print and sign it and send it and all supporting information, pictures and attachments to the following address:

claims@mountalexander.vic.gov.au or;

The Insurance Officer, Mount Alexander Shire,
PO Box 185
Castlemaine Vic 3450

Council Use Only

Council:

Council Reference:

Received by:

Dated:

Council's notes:
