

CLAIM FORM

Please Note

All relevant sections of this claim form must be completed and include supporting evidence including photographs, receipts and quotes **before** your claim will be investigated.

1. PERSONAL DETAILS		
Given Names		
Surname		
Contact Method	Email:	Phone:
Are you the person affected by the insurance claim enquiry		Yes/No/Undecided
If not, what is the name of the person affected? Written authority from the person affected must be attached		

2. TYPE OF CLAIM	Motor Vehicle	
	Personal Injury	
	Property Damage	

3. INCIDENT		
Location of Incident <i>(Specific location, address, site where incident occurred, vehicle registration and other details)</i>		
Time and Date of Incident	Date:	Time:
What was the cause of the incident?		
Description of the loss incurred, damage caused and/or injuries suffered, including colour photographs (photos are necessary)		

to allow us to substantia your claim)		
Did you discuss/notify the incident to any Council Officers at the time?	Yes / No	If yes, provide details:
Why do you believe Council is liable? <i>Provide details or alternatively provide why Council is responsible for the injury, loss or damage (reasons must identify the step, process or act that caused the injury, loss or damage)</i>		
Weather conditions at the time the incident occurred.		
Were there any witnesses to the incident?	Yes/No	
If Yes, please provide the names and contact details of witnesses including any witness statements.		

4. SUPPORTING EVIDENCE/INFORMATION		
Did Police attend the scene	Yes / No /Undecided	Queensland policy (QP) number, if known QP _____
Have you previously reported this hazard to Council?	Yes / No / Undecided.	If yes, please attach to this request.
Attachments:	A minimum of two quotes for repair or replacement and/or evidence of a paid tax invoice.	
	Photographs and documentation evidencing damage, injury and incident location.	
Total amount of Claim	\$	

5. DECLARATION

I, _____ (Name)

- Acknowledge that the completion of this form is not a substitute for:
 - Notice of claim as required under the *Personal Injuries Proceedings Act 2002*; or
 - Claim for statement of claim as required under the *Uniform Civil Procedure Rules 1999*.
- Certify the information given is truthful, accurate and complete to the best of my knowledge.
- Acknowledge that Council's acceptance of a completed form is not an automatic acceptance of liability.

Declare that any attached quotation/invoices relate to the sole purpose of the incident/damage as described in this form.

Signature

Date:

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined in this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Information Privacy Policy governed by the *Information Privacy Act 2009*. See Information Privacy Policy link for further information.

https://www.mackay.qld.gov.au/_data/assets/pdf_file/0005/101021/046_Information_Privacy_-_Adopted_Version.pdf