

NOTICE OF INJURY, LOSS OR DAMAGE CLAIM FORM

1. APPLICANT DETAILS

Title:	Surname:	Given Names:
Address:		
Contact Number:	Email:	
Do you want a third party to act on your behalf? <i>(if yes, please advise details of the party below)</i>		
Title:	Surname:	Given Names:
Company name (if applicable):		
Address:		
Contact Number:	Email:	

2. OCCURRENCE

Was any property damaged?	Date:	Time:	
Weather conditions at the time of occurrence:			
Specific location of occurrence (attach site plan if applicable):			
Description of the occurrence:			
What is considered to be the apparent cause of the occurrence?			
Estimate of Loss/Claim \$	Has the vehicle/ property been repaired?	No Attach two quotations for repairs.	Yes Attach invoice and receipt of payment.
Why do you believe Council may be liable? Provide details why you believe Council caused the incident, or alternatively why Council is responsible for the injury, loss or damage (the reason must identify the step, process or act that caused the injury, loss or damage).			

3. SUPPORTING EVIDENCE

All claimants must provide supporting evidence. Failure to provide all the requested information may cause a delay in considering this application. Attach all your evidence via the attachment button below. The evidence required will depend on the nature of the incident and could include, but not limited to:

1. 2 x quotations and/or a paid tax invoice;

2. Photographs from different angles of the damage, injury and incident location;
3. A statement from any witness to the incident (if relevant);
4. A structural or engineering report (if relevant);
5. Documents from your medical professional/specialist related to all injuries;
6. Any other information to support your application.

4. ADDITIONAL INFORMATION

Have you reported the occurrence to Council?

If yes, please provide any reference numbers given by Council relating to this

5. DECLARATION

I/We acknowledge that the completion of this Form is not a substitute for: • 'Notice of a claim' as required under the Personal Injuries Proceedings Act 2002 or • 'Claim' or 'Statement of Claim' as required under the Uniform Civil Procedure Rules 1999. I/We certify that the information given in this form is truthful, accurate and complete to the best of my/our knowledge. I/We acknowledge that I/we have read and understood the Information Privacy Act 2009 information referred to in this document and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, including to Council's insurers, investigators and legal advisers. I/We acknowledge that Council's acceptance this completed Claim Form is not an automatic acceptance of liability. I/We declare that any attached quotation/invoices relates to the sole purpose of the incident/damage as described in the Claim Form.

SIGNATURE

Name:

Date:

SUBMIT YOUR FORM TO COUNCIL

By Mail	Scenic Rim Regional Council PO Box 25, BEAUDESERT QLD 4285		
By E-Mail	mail@scenicrim.qld.gov.au		
In Person	Beaudesert Customer Service Centre 82 Brisbane Street, Beaudesert Boonah Customer Service Centre 70 High Street, Boonah Tamborine Mountain Library & Customer Service Cnr Main St & Yuulong Rd, Tamborine Mountain		
Phone	(07) 5540 5111	Fax	(07) 5540 5103

PRIVACY STATEMENT

Important Notice

Scenic Rim Regional Council is collecting your personal information in order to process your request. The information will only be accessed by Scenic Rim Regional Council for Council business related activities. Your information is handled in accordance with the Information Privacy Act 2009 and will not be given to any other person or agency unless you have given permission or we are required by law.