

Goulburn Mulwaree Council t (02) 4823 4444

Civic Centre 184 - 194 Bourke Street Goulburn NSW 2580 Locked Bag 22 e council@goulburn.nsw.gov.au Goulburn NSW 2580 www.goulburn.nsw.gov.au

Claims Handling Information

Please note that the provision of this information should not be considered as an admission of liability on the part of Goulburn Mulwaree Council (Council). All claims will be considered on a "Without Prejudice" basis. The acceptance of a completed claim form by Council in no way infers negligence on the part of Council, or binds Council to provide compensation.

Before Council is obliged to pay compensation for any injury, loss or damage suffered, it must be established that this injury, loss or damage was caused through negligence on the part of Council, or employees, or agents of the Council.

The proof required to establish negligence, can be onerous and quite often you may be better served seeking compensation through your property, motor vehicle or private health insurance if you have it. Your insurance company may seek reimbursement of its costs from Council.

If the claim is in relation to a Motor Vehicle, you are able to make a claim against your own Insurer. Your Insurer may then consider seeking recovery against Council. This option may result in an initial upfront payment to your Insurer for the applicable excess, however it will ensure that your vehicle is repaired by your Insurer's authorised repairers.

If you do not wish to make claim against your own insurance and wish to pursue a claim against Council, please complete the following Claim Reporting Form. Allow a minimum of 21 working days for a response to your claim.



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Claim Reporting Form

All claims will be considered on a "Without Prejudice" basis. Acceptance of a completed claim form by Council in no way infers negligence on the part of Council or binds Council to provide compensation.

All sections of this claim form must be completed, unless otherwise noted on the form. All required evidence, photographs and receipts/quotes <u>must</u> be included for the claim to be assessed.

Note: Please allow a minimum of 21 working days for the processing of claims.

PERSONAL DETAILS							
Name			Phone Number				
Residential Address							
Postal Address							
Email Address							
Please select the type of claim from the following:							
		Property Damage Personal Injury Motor Vehicle Other (please spe					
Description of incident: This should outline how and when the incident occurred i.e. date and time of incident; a full description of what happened and include applicable relevant items such as direction & speed of travel, weather conditions at the time of the incident (please attach additional information on a separate sheet if required).							



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Has the incident been reported to Council? If yes, please provide details. Outline how & when the Incident was reported to Council.				
An exact description of where the incident occurred: Exact location and address, include				
relevant details such as street name, house number, cross streets, distance from reference points, sketch or map of the area including the exact location of the incident (include photos where possible)				
An explanation as to why you believe that Council contributed to the incident: Description of circumstances surrounding the incident, including any physical factors which may have attributed to the incident (please attach additional information on a separate sheet if required)				
Details of any witnesses (if applicable). Name/address/phone number & relationship				



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A description of the loss incurred, damage cause documents such as photographs, medical repoyour claim	
Other relevant information	
Total amount of claim against Council	
Have you lodged a claim with your in	surer regarding this incident?
□ Yes	□ No
Have you enclosed any receipts for medical tre claiming medical expenses and you have not inc assessed	luded your receipts, your claim cannot be
□ Yes	□ No
Have you enclosed a minimum of two (2) quot damaged item/s? (Please note, if you are claim have not included receipts, your o	ing repair or replacement costs and you
□ Yes	□ No



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PRIVACY

In completing this form, you will be providing "personal information" as defined under the Privacy and Personal Information Protection Act 1988. Council is collecting this information for the purpose of assessing your claim. This information will only be used for the purpose it was collected and may be disclosed to relevant third parties for the purpose of assessing your claim.

DECLARATION

I declare that the information provided on this form and all other supporting documentation (including photographs) in relation to my claim is, to the best of my knowledge, accurate, relevant and complete.

Claimant's Signature	
Date	

Please return completed form and relevant documentation to Council

via email: council@goulburn.nsw.gov.au

Locked Bag 22, GOULBURN NSW 2580 in person: Civic Centre 184-194 Bourke Street, Goulburn