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### Public Liability Claim Form

Read the guidelines for <u>making a claim</u> before you complete this form.

- The provision of this claim form is not an admission of liability on our part
- All questions must be fully answered in clear print or typed
- Please continue on a separate sheet of paper if necessary
- The driver of the vehicle at the time of incident must complete and sign this form

If the driver is not the owner of the vehicle, the owner.	wner must sign the declaration on page 4
1. Type of Claim	
<ul> <li>☐ Motor Vehicle (complete sections 2, 3, 4, 5, 7, 8, 9 &amp; 10</li> <li>☐ Property Damage (complete sections 2, 3, 6, 7, 8, 9 &amp; 10</li> <li>☐ Personal Injury (complete sections 2, 3, 6, 7, 8, 9 &amp; 10</li> <li>☐ Other</li> <li>If 'Other' please explain</li> </ul>	10)
2. Information about the incident	
Date: Time: [	□am / □ pm Postcode:
Street:	
Suburb/Town:	Nearest cross Street:
Landmark:	Road surface:
Lighting	Weather at the time of incident
Estimated speed of your vehicle at the time of the incident	Was the incident reported to Police ☐ Yes ☐ No
Did the police attend the scene of the incident? ☐ Ye	es 🗆 No Event no:
Description of incident: (State fully and clearly what happe	ened)
What do you think caused the incident:	
Why do you think Council is liable for this incident	
*Please attach map/diagram and/or photographs of th incident is required.	e incident location. The exact location of the



3. Contact Details
Name: Gender: □ M □ F
Postal Address: Postcode:
Contact Number: Email:
Do you agree for all correspondence to be sent to you via email? ☐ Yes ☐ No
If 'No' please provide preferred method of contact:
Did you consume any alcohol or drugs prior to the incident? ☐ Yes ☐ No
If yes, how much over what period?
*Please attach a copy of your drivers licence
4. The vehicle
Registration No:
Make and model of vehicle Year model:
Name of vehicle owner(s):
Does the vehicle have any modifications ☐ Yes ☐ No
If yes, please specify:
Claims for damaged wheel/tyres only
Is this vehicle fitted with non-standard wheels / tyres? ☐ Yes ☐ No
If yes, please advise the profile (size) of the wheels / tyres fitted to the vehicle:
How many kilometres had the tyres travelled prior to the incident:
Advise the purchase date of the damaged tyres:
* Please attach a copy of the vehicle registration certificate
5. Damage claimed as a result of the incident
Please indicate on the diagram the damage to your Vehicle What parts of the vehicle were damaged?
See at 1
Were any party of the vehicle damaged prior to this incident? ☐ Yes ☐ No



If yes, provide details:	
* Please attach photographs of the damage to the vehicle	
6. Property Damage, Personal Injury and Other	
Did you suffer any other property damage, personal injury or loss as a result of the	incident? ☐ Yes ☐ No
If yes, please specify the type of damage, injury or loss:	
* Please attach photographs of damaged property	
7. Insurance	
Was the damaged property insured at the time of the incident? $\ \ \square$ Yes $\ \square$ No	
Has the claim been made with the insurer? ☐ Yes ☐ No	
If yes, please advise the name of the insurer and claim number:	
Note: If you have claimed under your insurance, you cannot also claim from Considers Council to be liable for this incident, the insurer can attempt to recofrom Council on behalf of the insured.	
8. Witness	
Did anyone witness the incident? ☐ Yes ☐ No	
Contact Name:	
Phone: Email:	
Address:	
Please attach a witness statement.	
NOTE: Council will not contact the nominated witness should there be no stated decision will be made in the absence of such evidence.	tement attached. A
9. Claim Amount	
Please specify the total amount you are claiming for:  1. Vehicle 2. Other loss/dama	age
Please attach copies of documents supporting amounts claimed including:	
1. Two quotes or one tax invoice for repairs to the vehicle;	
2. Quotes/invoices proving other costs incurred	



10. Declarati	on/s
The Claimant to s	ign:
	idelines for making a claim' and understand that by providing information, Council is not ut merely gathering information to further consider the claim.
	e information provided in this form is true and correct and that no information relevant to this lge, been withheld or misrepresented.
Claimant Signature	: Date:
If the owner of th	vehicle was not the driver at the time of this incident, the owner to sign:
	I / we gave our consent to the driver named in this form to drive my / our vehicle. The s, to the best of my knowledge and belief, true and correct and no information is being esented.
Owner(s) signature	: Date:
	Date:

#### **Privacy Notice**

Council is bound by the provisions of the Privacy and Personal Information Protection Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained and may be available for public access and/or disclosure under various NSW Government legislation.