

## CLAIM FOR COMPENSATION FORM

Only complete this form if you are the person claiming personal injury or you are the owner of the motor vehicle or property.

**Please Note:** The request of this information is not acceptance of liability. All claims are assessed on their own merit and any payments made will come from Tamworth Regional Council.

Completion and acceptance of the Claim for Compensation form does not represent an admission of liability or a waiver of its rights on the part of Council. Council reserves its right to recover all or any costs that have been unnecessarily or unreasonably incurred by Council in successfully defending insurance claims made against Council.

### CONTACT

Title* - required	
First Name* - required	
Last Name* - required	
Email Address* - required	
Contact Number* - required	
Street Address* - required	
Suburb* - required	
State* - required	
Postcode* - required	
Do you consent to Tamworth Regional Council updating their records with the information provided above? * - required	Yes / No

**TYPE OF COMPENSATION SOUGHT**

Please select the compensation being sought\*- required

	✓ or ✗
Property damage	
Personal Injury	
Motor vehicle	
Other (If selected please provide answers to the following two questions)	

Details of alleged accident/incident: (please explain what happened)

Detail what you are claiming: (please list what you are seeking for compensation and the reasons why)

**DATE AND TIME OF THE ALLEGED ACCIDENT/INCIDENT**

Date*- required	
Time*- required	
Please provide your Customer Request Number (provided by Tamworth Regional Council if relevant) *- required	
Was the incident reported to a TRC staff member when it occurred? *- required	Yes / No

## FURTHER DETAILS

Please provide the name of our staff member and any other relevant details.

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## LOCATION OF THE ALLEGED ACCIDENT/INCIDENT

Address of alleged accident/incident* - required	
Suburb* - required	
State* - required	
To assist us in identifying the exact location, please provide details of the nearest cross streets and/or any identifying landmarks where the alleged accident/incident occurred.* - required	

## INSURANCE DETAILS

Have you claimed against your insurer? * - required. If yes, please provide the following:	Yes / No
Claim/Policy Number	
Insurance Provider	
Contact Name	

## WITNESS(ES)

It is the responsibility of the claimant to obtain the witness statement and submit with your claim.

If a witness statement has not been attached to your claim, a decision will be made in the absence of this evidence. Council reserves the right to use its discretion whether to contact the nominated witness(es)

Did anyone witness the accident/incident? *- required. If yes, please provide the following witness details:	Yes / No
Contact Name	
Contact Number	
Email	
Address	
State	
Suburb	
Postcode	

## EVIDENCE AND SUPPORTING DOCUMENTATION

You are required to establish that Tamworth Regional 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.

We cannot assist you in this. Evidence and supporting documentation are required to evaluate your claim. If this information is not provided your application will not be processed.

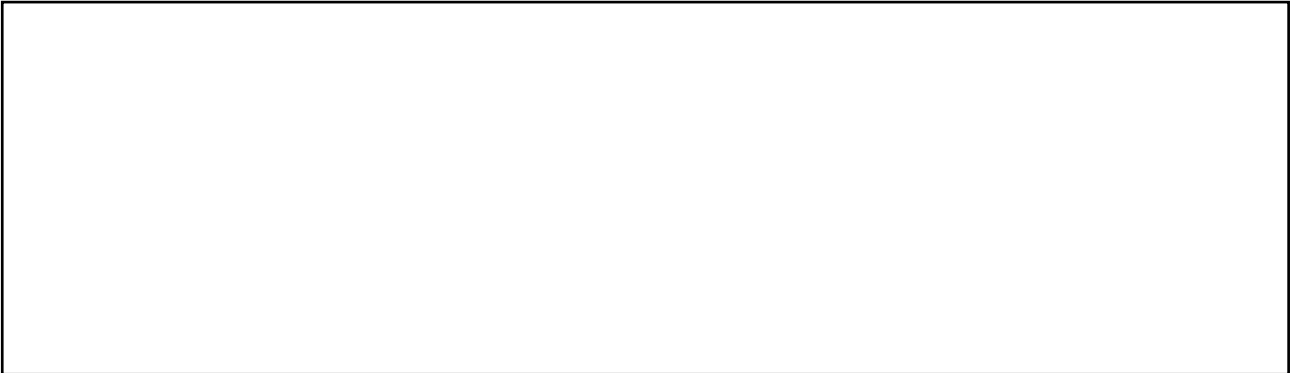
Please refer to our website [Tamworth Regional Council](#) to assist you in determining the evidence and documentation required to be submitted with your claim.

Examples of suitable evidence may include items such as a report from a qualified service provider i.e., engineer, plumber or a medical practitioner.

Do you intend to supply supporting evidence? \*- required


Yes / No

Please identify the evidence that you will be relying on to support your claim (write Not Applicable if you are not submitting evidence) \* - required



**Incident Sketch Diagram**

If relevant please provide a sketch of the incident, scan and attach as a PDF document, or draw below. This could include references such as direction of traffic, geographical reference points, observations and other relevant information.



## PHOTOGRAPHS/VIDEO

One of the most effective ways to avoid confusion about the circumstances surrounding your claim is through the use of photographs/video. We use photographs/video to ensure we are investigating the correct location and/or issue.

Only take photos if it is safe to do so. You are requested to provide a variety of shots and angles to clearly show the situation that supports your claim.

Your photographs/videos need to show the following (where applicable):

Vehicle damage examples:

- The area that has sustained damage e.g., car door, windscreen
- A photo clearly showing the side where the damage occurred e.g., passenger/driver's side

Personal injury examples:

- A clearly marked area where the accident/incident occurred
- A photo clearly showing the surrounding area in relation to the alleged hazard

Do you intend to supply supporting photographs/video? \*- required

Yes / No

## AUTHORITY FOR AN AGENT TO ACT

Do you wish for a third party to act on your behalf in this claim? \*- required

Yes / No

If yes, please provide the following:

Full Name	
Address	
Suburb	
State	
Postcode	
Email Address	
Contact Number	
Signature*- required	..... <i>Please sign here</i>
Date	

**DECLARATION AND ACKNOWLEDGEMENT**

Have you supplied the necessary supporting documentation? \*- required

Yes / No

Have you attached the required photos/videos? \*- required

Yes / No

I declare that the information supplied to Tamworth Regional Council in this claim form is true and correct and confirm the statements are honestly made. Completion and acceptance of this form (including completion of the Authority for an Agent to Act, when completed) does not represent an admission of liability on the part of us and/or our insurers. Your claim for compensation will be subject to investigation and will be assessed on its own merits.

Signature*- required	..... <i>Please sign here</i>
Date	

**PRIVACY STATEMENT**

Personal information supplied to or collected by Tamworth Regional Council will only be stored and processed by Council for lawful purposes directly related to the functions and activities of Council.

Any personal information supplied will only be disclosed to a third party for the purpose of performing a lawful function or activity and for no other purpose. Disclosure of personal information to a third party will be in accordance with [Tamworth Regional Council's Privacy Management Plan](#).

Mandatory field(s) marked with \*

Once completed, please submit by:

Email: [trc@tamworth.nsw.gov.au](mailto:trc@tamworth.nsw.gov.au) or

Postal Address: PO Box 555, Tamworth NSW 2340



## **Privacy Disclaimer**

Tamworth Regional Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and our Privacy Management Plan. By giving us your personal information, you consent to us collecting, storing, using and disclosing it in accordance with our Record Management Policy.

### **Purpose:**

We will use the information to process your claim.

### **Intended recipients:**

Authorised TRC Officers, contractors or agents.

### **Supply:**

Voluntary.

### **Consequence of non-provision:**

We may not be able to process your claim.

### **Storage and security:**

Information will be stored in our electronic database and will only be available to authorised Council Officers, contractors and agents and will be kept in accordance with the State Records Act and our Record Management Policy.

### **Access:**

Your information can be checked for accuracy by calling us on 6767 5555

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