## Claim Form – Damage to Private Property

## Purpose of the Claim Form:

The information disclosed by you in this Claim Form will be used:

- to assess, process and investigate the incident.
- to consider and respond to the claim.
- to take any necessary remedial action regarding the circumstances alleged to have caused the incident.
- for the purpose of risk management activities.

We may disclose any information you provide to our insurers and advisers, including investigators and legal advisers.

By submitting this form, you consent to the information for the above purposes.

Collection Notice: Logan City Council is collecting your personal information for the purpose of assessing and responding to your claim. If we do not collect this information we may not be able to assess and provide a response to you. Within Australia, Council usually provides the information collected to our insurance provider. For more information about privacy, please visit Councils website: www.logan.qld.gov.au/privacy

1. PERSONAL DE	TAILS					
Title:	Surname: First Name		First Name(s)	:		
Address:						
				Postco	ode:	
Telephone: (Home)		(Work):		(Fax):		
Mobile:		Email:				
Preferred method o	f contact:					
2. AGENT AUTHO	RISATION					
Has someone agreed to act on your behalf in handling your claim? Yes No						
Council will only co	ommunicate with som all additional details	eone else acting obelow.	on your behalf i	n this mat	ter if you have ticked	
Have they agreed t	o share their contact	details with Cound	cil for the purpo	se of inve	stigating your claim?	
			,			
				es	No	
Name of authorised person to act on your behalf:						
Contact number for	authorised person:					
Authorisation: (yo your behalf)	ou must check this	box if you are g	iving authority	to a thii	rd party to act on	
,	Logan City Council to gent who I have instr		0 ,	igainst Co	ouncil with the	



3. INCIDENT DETAILS						
Date of Incident:	Time of Incident:					
Details of Incident: What happened? Additional space is provided at the end of this form.						
Location of the incident, including the nearest inters	section (street and town or suburb):					
Please describe what you believed caused the in- processes or procedures etc. which you believe of	cident. Include details of acts, events, omissions, caused the incident and loss and damage.					



Please describe the reasons why you think Council is responsible for the incident and al damage claimed.	ny loss and	d			
Please advise if you think anyone else may have caused or contributed to the incident:	Yes	No			
If yes, please provide their details, and the reasons why you believe they may have cause contributed to the incident.	d or				
What were the weather conditions at the time of the incident?					
Davis and advised the constant and the institute of the constant of the consta					
Do you regularly use the area where the incident occurred?	Yes	No			
If yes, how often?					
Is your claim a result of a Council related maintenance or public safety issue?	Yes	No			
Have you reported this to Council?	Yes	No			
If no, you must report the maintenance or public safety issue to Council before proceeding value.	with this				
Please call us on (07) 3412 3412 to report the maintenance or public safety issue. You will be provided with a Customer Request number. Please take note of the Customer Request number as it will help us to investigate your claim.					
If yes, please provide the Customer Request number:					
Have you previously notified Council of an issue related to this claim?	Yes	No			
If yes, please provide details including the date and the Customer request number. Attach cany documentation you have from your previous contact. Use a separate sheet if required.	opies of				



4. WITNESS DETAILS (you can add up to 3 witnesses)				
Note: A witness may be required to give evidence if a claim progresses to Court. As the claimant, providing witness details, includes ensuring that witnesses consent to Council or its representative contacting them, where required.				
Have the witnesses agreed to share their contact details with Council for the purpose of investigating your claim?				
Yes No				
Witness 1 Full Name:				
Contact phone number:				
Email address (optional):				
Address (optional)				
Witness 2 Full Name:				
Contact phone number:				
Email address (optional):				
Address (optional)				
Witness 3 Full Name:				
Contact phone number:				
Email address (optional):				
Address (optional)				
5. CLAIM DETAILS – WHAT ARE YOU SEEKING?				
Describe the damage to your property:				



Have you made a claim on your own insurance policy (or someone else's insurance policy) in relation to this incident and/or the loss and damage claimed (or part thereof)?  $_{No}$ 

If yes, please provide the name and contact details for your insurance company and claim number provided to you by your insurer when you lodged your claim.

Provide details why you believe Council caused the incident and/or why Council is responsible for the loss or damage.

You should identify and explain the act or omission/event/process etc. which you believe caused the incident, and the loss or damage claimed.

Other than Council, are there any other persons who you believe caused or contributed to the injury, loss or damage?

Yes

No

What are you seeking from Council?

If applicable, what are you claiming for any loss and damage claimed?

Provide details of any evidence you have to support the amount(s) claimed (e.g. receipts, quotes, etc.)

## **6. SUPPORTING EVIDENCE AND ATTACHMENTS**

To process this claim you are required to provide evidence establishing that Council is liable to pay for your loss or damage.

For example, you should provide copies of any documents or reports in your possession that support the reasons why you consider Council is responsible for the loss or damage. You can provide further supporting documents as they become available. We may ask for further supporting documents after we have reviewed the claim.

If you do not provide all the requested information, it may cause a delay in determining your claim.

The evidence we require will depend on the nature of the claim and could include, but is not limited to:

- 1. 2 quotes or a paid tax invoice for repair or replacement of the damaged property
- 2. Photographs from different angles of the damage and incident location
- 3. A statement from any witness to the incident
- 4. A structural/engineering report if appropriate
- 5. Any other relevant information to support your claim.

Please attach any files to this PDF when submitted to Council



## ADDITIONAL COMMENTS **DISCLAIMER** Commencement of claim and limitation period: I/We understand that providing this claim form to Council does not start legal proceedings against Council, for the purposes of any limitation period applicable to the facts matters or circumstances of this claim as prescribed by the Limitation of Actions Act 1974 (Qld) or otherwise at law, is not a substitute for commencing a claim against Council in the appropriate Court. No admission of liability or waiver: I/We accept that Council's receipt and acceptance of this claim form and attachments, and its investigation and determination of this claim is not an admission of liability by Council or waiver or election of any of its rights. Timeframe for determination: I/We accept that Council will respond to this claim as soon possible. I/We understand and acknowledge that it may take some time for Council to review the information/ evidence provided, and obtain any further information/evidence required (including by conducting its own investigations and/or obtaining legal advice), before it is able to provide its determination. I/We solemnly and sincerely declare that the facts and evidence contained within this liability claim form are true and correct to the best of my/our knowledge. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. 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, with their approval. **ELECTRONIC SIGNATURE** I/We acknowledge Queensland State Laws will accept this communication as containing my signature within the meaning of the *Electronic Transactions (Queensland) Act 2001*. Signed by (full name): Date of signature: Completed claim forms can be returned by:



• email to council@logan.gld.gov.au or

• in person to one of our Customer service centres

• post to Logan City Council PO Box 3226 LOGAN CITY DC QLD 4114 or