



If you need help lodging your form, contact us	
Email	insurance@northernbeaches.nsw.gov.au
Phone	1300 434 434
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095
	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099
	Mona Vale 1 Park Street Mona Vale NSW 2103
	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107

Office use only	
Form ID	3025
TRIM Ref	C000117
Last Updated	12 September 2017
Business Unit	Governance and Enterprise Risk
Claim No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Part 1: Type of Compensation Sought

Please select the type of compensation being sought:	Property Damage	Personal Injury	Motor Vehicle	Other
If other, please describe:				

Part 2: Your Contact Details

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other			
First Name				
Last Name				
Address				
Suburb		Postcode		State
Phone			Alternate	
Mobile				
Email				
Correspondence	Do you agree for all correspondence to be sent to you via email?			
	Yes			No
If 'NO', please provide preferred method of contact:				

Part 3: Date and Time of Incident

Date of Incident	
Time of Incident	

Part 4: Location of Incident

Address			
City/Suburb			
State		Postcode	
Exact Location of Incident (provide nearest cross street/s)			

Part 5: Details of Incident

Incident Details			
Council Contact	Did you contact Council Staff at the time of the incident?		
	Yes		No
If Yes, please provide the name/details of the relevant Council Staff.			

Part 6: Compensation Sought

<p>Please provide details of the type of compensation sought. For property/vehicle damage claims, please attach any supporting documentation to substantiate your loss. Please also note that the request of this information must not be seen as an automatic acceptance of liability. All claims are assessed based on their own merit and any payments made will come from Council funds.</p>

Part 7: Insurance Details

Have you claimed against your insurer?	Yes	No
Claim / Policy number		
Insurance provider		
Contact name		
Phone		

Part 8: Witness Details

Please attach a witness statement. Note: Council will not contact the nominated witness should a statement not be attached. A decision will be made in the absence of such evidence				
Did anyone witness the incident?	Yes		No	
Contact name				
Phone				
Email				
Address				
City/Suburb		State		Postcode

Part 9: Evidence

In order to progress your claim for compensation you will be required to establish that 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. Council cannot assist you in this.		
If your claim for compensation is for a tree or pothole related matter, please refer to the tree or pothole evidence page on the website for the required information.		
Please explain any evidence you are supplying		
Is the evidence referenced attached to this form?	Yes	No

Part 10: Photographs

One of the most effective ways to avoid confusion about the circumstances surrounding your claim for compensation is through the use of photographs. Council uses photographs to be sure that it is investigating the correct issues. Please ensure that you only take photographs 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 for compensation. Your photographs need to show the following (where applicable): <ul style="list-style-type: none">•the area of property that has sustained damage•a clearly marked area where the incident occurred
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Part 11: Authority for an Agent to Act

Do you wish for a third party to act on your behalf in this claim?	Yes		No	
Contact name				
Phone				
Email				
Address				
City/Suburb		State		Postcode

Council will investigate the circumstances surrounding your claim to establish whether or not the Council has any legal liability. Completion and acceptance of this form does not represent an admission of liability or a waiver of its rights on the part of Council. Your claim will be subject to investigation and the findings assessed on their own merits. Council will endeavour to respond to claims as quickly as possible. However the processing of claims is dependent on the supply of relevant information and, therefore, assessment of your claim may take some time to complete.			
Signature		Date	