Public Liability Claim Form

TSC-GM-XXX



TYPE OF CLAIM				
Vehicle Damage	e 🛛 🗌 Other damag	e/loss 🗆 B	oth	
SENSITIVE: Cor	ntains personal informat	ion to be maintained wi	th confidential	ity
•	sion of this claim form is n	-	y on councils pa	art
All question	ons must be fully answere	d in clear print or typed		
INCIDENT DETAILS				
Date:		Time:		
Street:		Suburb / town:		
Lighting:		Weather:		
Location nearest cross- street or address:		Location GPS Coordinates:		
Vehicle speed at time of incident:		Police attendance to incident site:	□ Yes	🗆 No
Description of incident:				
What do you think is the cause of the incident?				
Why do you think Council is liable?				

If possible, please provide a map / diagram / photos of the incident location

DRIVER DETAILS				
Name:		Gender (on driver license):	🗆 Male	Female
Postal address:				
Contact number:				
Email address:				
Had consumed any alcohol or drugs prior to the incident? Set Yes No				
If yes, how much over what period?				
Please provide a copy of your driver licence				

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VEHICLE DETAILS			
Registration:			
Make, model, year:	:		
Registered owner:			
	Any modifications made to vehicle?	□ Yes	🗆 No
If yes, please specify:			
Only complete the following if your claim involves damaged tyres			
Fitted with non-standard wheels/tyres?		□ Yes	🗆 No
If yes, please specify the size of the wheels/tyres:			
Number of kilometres the tyres travelled prior to the incident:			
Purchase date of damaged tyres:			

Please attach a copy of the vehicle registration certificate

DAMAGE CLAIM		
What part/s of the vehicle were damaged?		
Please indicate on the provided image the location of damage	Front	
Were th	nere any damages to the vehicle prior the incident?	🗆 No
If yes, please specify:		
Other resulting damages or losses incurred:		

Please provide photos of the damages to the vehicle / other

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INSURANCE DETAILS				
Was the property damaged insured at time of incident?		□ Yes	🗆 No	
If yes, value the property or vehicle is insured for?		\$		
Has a claim been made with the insurer?		□ Yes	🗆 No	
If yes, please state the name of the insurer and claim number:				

VALUE OF CLAIM			
Vehicle damage:	\$		
Other damage:	\$		

Supporting documents must be attached (quotes, invoices, etc.)

I declare that all the information provided in this form is true and correct and that no information relevant to this has, to the best of my knowledge and belief, been withheld or misrepresented.

Signature: Date: /

In requesting the information in this form, Temora Shire Council (TSC) is obtaining evidence to enable it to investigate the claim and is not making any admission or acceptance of liability.

Submission of this form can be made:

In person: Hand delivering the completed form to council's office at 105 Loftus Street, Temora.

Mail: PO Box 262 Temora, NSW 2666

Email: temshire@temora.nsw.gov.au

Investigation and determination by Temora Shire Council.

- Upon receipt of the completed claim form Temora Shire Council will undertake an investigation.
- When the investigation is completed council or our insurer will notify you of the decision in writing by either email or letter.
- The investigation time can take several weeks, depending upon the individual circumstances, facts and complexities of your claim.
- You may also be required to provide a signed statutory declaration outlining the allegations made against Council which must be submitted upon request for the claim to proceed.
- In processing your claim, Council will assess the reasonableness of the claim and may during this
 process refer your claim to council's insurer or seek legal advice for determination.
- Council's decision may be based on the relevant provisions of the Civil Liability Act 2002 (NSW), specifically sections 42 and 45 of that Act.

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