

## REQUEST FOR COMPENSATION CLAIM

**Title**       Mr                       Mrs                       Ms                       Miss                       None

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone**                      **Mobile 1**                      **Mobile 2**

\_\_\_\_\_

**Email**

\_\_\_\_\_

### 1. INCIDENT INFORMATION

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Weather/Road Conditions**     Sunny                       Dry                       Dark                       Wet                       Raining

**Other:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Nearest Intersection** \_\_\_\_\_

**Distance to Intersection** \_\_\_\_\_ m/ km     North                       South                       East                       West

**List any road infrastructure or other infrastructure involved, if applicable (traffic lights, signs, fences, poles, pit lids etc.)**

\_\_\_\_\_

### 2. DESCRIPTION OF INCIDENT

**Incident Details** - Please provide details of the incident and why you believe Council is liable. The request you are making is based in negligence, therefore you need to provide clear evidence that the incident occurred due to Council's negligence. To state that Council is liable because 'it is Council's asset' or that 'the asset is on Council's land' is not sufficient evidence for your request for compensation to be accepted. If the location is unclear please provide us with a sketch to assist us in the investigation:

\_\_\_\_\_

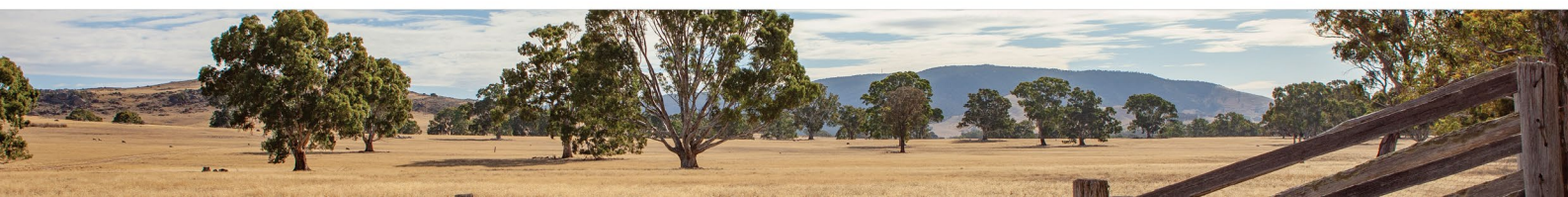
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### 3. THE ROAD MANAGEMENT ACT 2004

Does your request for compensation for property damage arise from the condition of a roadway/footpath or relate to a tree located on the road reserve/nature strip?  Yes  No

*If yes, please be advised that the provision of the Road Management Act 2004 an individual or company seeking compensation for property damage arising from the condition of the roadway/ footpath, or caused by a tree falling, to pay the first \$1,580.00 of any claim (the "threshold amount") regardless of liability (including vehicle, clothing, glasses etc.)*

Does your request for compensation amount fall under the threshold of \$1,580.00?  Yes  No

Is your request for compensation for property damage only?  Yes  No

*If you have answered YES to all three questions in this section your request will be denied under the Act. Please note that the threshold amount is varied by the Victorian Government every financial year. The threshold amount stated above is valid for property damage occurring in the financial year 2023/24.*

### 4. COMPENSATION SOUGHT

Please provide details of the compensation sought\*: (\*Please note, you will be required to substantiate the amount of compensation sought. Requests for compensation are assessed on their own merit and any payment will come from Council funds.

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Amount Total \$ \_\_\_\_\_ Is GST included?  Yes  No

### 5. INSURANCE DETAILS

Have you claimed against your own insurer  Yes  No (Proceed to Part 6)

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

### 6. WITNESS

\*Please be advised, that witness statements from family and friends are not accepted.

Title  Mr  Mrs  Ms  Miss  None

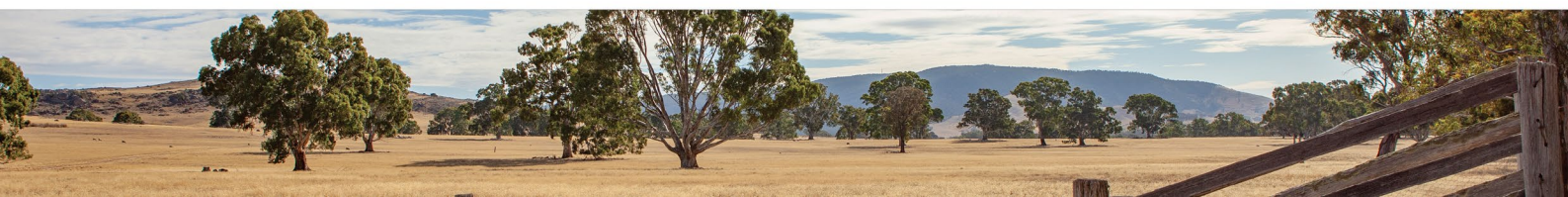
Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_



## 7. EVIDENCE

*In order to succeed in your request for some compensation you will be required to establish that Council caused the alleged loss/ 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.*

Please explain the evidence you are providing. \_\_\_\_\_

Is evidence references attached to this document?

Yes

No

## 8. PHOTOGRAPHS

One of the most effective ways to avoid confusion about the circumstances surrounding your request for compensation is through the use of photographs. Without this information Council is unable to be sure it is investigating the correct issue(s). Please ensure that you only take photographs when it is safe to do so.

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

- The area of the property that has sustained damage
- A clearly marked area where a trip or fall has occurred
- The roots and/ or trees that you allege have caused property damage
- Proof of injury sustained
- A variety of shots and angles to clearly show the situation

## 9. IMPORTANT INFORMATION

### Your rights:

If you suffer personal injury or property damage due to the condition of a road or road infrastructure, you may be entitled to compensation from the responsible road authority under the Road Management Act 2004. If you suffered personal injury or property damage due to Council property, please refer to the privacy statement below.

### Privacy Statement:

The information disclosed by you in this form may be used to investigate the incident, consider and respond to the request (including in the course of legal proceedings), to take any necessary remedial action in respect of the road and/or infrastructure and for the purpose of analysing accidents and planning and implementing road management and safety measures.

We may disclose any information you provide to our insurers and advisers, including investigators and legal adviser, and to any other organisation we consider might have responsibility in respect to this incident. Some of the information we ask for is required to be provided under Section 115 of the Road Management Act 2004. If the information is not provided we may not be able to consider your request. You have a right of access to information we collect about you. For further information, contact the Privacy Officer: Manager Governance, Risk and Compliance on (03) 5349 1100.

### Disclaimer:

Completion and acceptance of this form does not represent an admission of liability on the part of Council and/or their insurers. Your request for compensation will be subject to investigation and the findings assessed on their own merits. It can take some time to collate all the relevant information before we are in a position to make an accurate decision on liability. This process can take up to eight weeks.



## 10. STATUTORY DECLARATION

### Statutory Declaration – Witnesses

The following are only some of the people who may be able to witness your statutory declaration. For a full list please visit the website: [www.justice.vic.gov.au](http://www.justice.vic.gov.au):

A person who is currently licensed or registered under a law of a State or Territory to practise in one of the following occupations: Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney, Bailiff, Bank Officer with 5 or more continuous years of service, Justice of the Peace, Magistrate, Marriage Celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961, Police Officer, Sheriff, Sheriff's Officer.

By signing the Statutory Declaration below you consent to disclosure of this Request for Compensation Form and any other information that is obtained by the Pyrenees Shire Council in respect of the request to any person or organisation we consider may be responsible for this incident.

I (Full Name) \_\_\_\_\_

of \_\_\_\_\_

Do solemnly and sincerely declare that:

1. All the information contained in this Request for Compensation Form is accurate to the best of my knowledge and belief.
2. I have, to the best of knowledge and beliefs disclosed all relevant information to the Pyrenees Shire Council and have not withheld any relevant information.
3. Any attached quotation for repairs has been prepared for the sole purpose of repairing any damage directly resulting from the incident as described in this form.

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Declared at (Address): \_\_\_\_\_

In the State of Victoria, on (Date) \_\_\_\_\_

Signature of person making the declaration: \_\_\_\_\_  
(to be signed in front of authorized witness)

Before me (Full Name): \_\_\_\_\_  
(Print Full Name of authorized person)

Signature: \_\_\_\_\_  
(Signature of authorised witness)

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

The authorised person must print or stamp his or her name, address and title under section 109 of the Evidence Act 1958.

### Please return completed form to:

Manager Governance Risk and Compliance, Pyrenees Shire Council

5 Lawrence Street, BEAUFORT VIC 3373 Or by email to [pyrenees@pyrenees.vic.gov.au](mailto:pyrenees@pyrenees.vic.gov.au)

