

Request for Compensation

1. **Details**

**This form should be completed and forwarded to:**

Horsham Rural City Council
Risk Management Co-ordinator

PO Box 511

Horsham Victoria 3402

For any queries on the completion of this form:

**Please contact Horsham Rural City Council on**

**Ph (03) 5382 9777 Email:** **records@hrcc.vic.gov.au**

**Please tick boxes where appropriate**

Please select the compensation being sought:

*Property Damage Personal Injury Motor Vehicle Other*

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| --- |
| 1. **Contact Details**
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| **Title:** | Mr Mrs Ms Miss |
| **Full Name:** |  |
| **Address:** |  |
| **State:** |  | **Post Code:** |
| **Email:** |  |
| **Ph No**: |  | **Mobile No:** |
| 1. **Incident Information**
 |
| **Date:** |  | **Time:** |
| **Weather and Road Conditions (if (applicable) – e.g. raining, sunny, dark, dry, wet etc.** |
| **Location Address:** |
| **Nearest Intersection:** |
| **Distance to Intersection (m/km):** |
| **List any road infrastructure or other infrastructure involved, if applicable (traffic lights, signs, fences, poles, pit lids, etc.)** |
| 1. **Description of Incident**
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| **If the location is unclear please provide a sketch to assist us in our investigations:****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. |
| 1. **The Road Management Act 2004**
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| Does your request for compensation for **property damage** arise from the condition Yes Noof a roadway/footpath or relates to a tree located on the road reserve/nature strip?If yes, please be advised the provisions of the Road Management Act 2004 require 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 $1350.00 of any claim (the “threshold amount”) **regardless of liability** (includes vehicles, clothing, glasses etc.)Does your request for compensation amount fall under the threshold of $1350.00? Yes NoIs your request for compensation for property damages only? Yes No**If** **you have answered YES to all three questions in this section your request will be DENIED under this act.**Please note that the threshold amount if varied by the Victorian Government every financial year. The threshold amount stated above is valid for property damage occurring in the 2015/16 financial year. |
| 1. **Compensation Sought**
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| **Please provide details of the compensation sought:** |
| **Amount: $ Is the total G.S.T inclusive?** Yes NoPlease note, you will be required to substantiate the amount of compensation sought. Requests for compensation are assessed on their own merit and any payments made will come from Council funds. |
| 1. **Insurance Details**
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| **Have you claimed against your insurer?** Yes No |
| **Insurance Provider:** | **Claim/Policy Number:** |
| **Contact Name:** | **Contact Number:** |
| 1. **Witness**
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| **Did anyone witness the incident?** Yes No |
| **Full Name:** |  |
| **Address:** |  |
| **State:** |  | **Postcode:** |
| **Email:** |  |  |
| **Ph No:** |  | **Mobile No:** |
| Please be advised, witness statements from family and friends and not accepted |
| 1. **Evidence**
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| In order to be successful in your request 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.Please explain any evidence you are supplying:Is the evidence referenced attached to this document? Yes No |
| 1. **Photographs**
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| 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 issues. **Please ensure that you only take photographs if it is safe to do so.****Your photographs need to show the following (where applicable)*** **The area if property that has sustained damage**
* **A clearly marked area where a trip and fall occurred**
* **The roots and/or trees that you allege have caused property damage**
* **Proof of injuries sustained**
* **A variety of shots and angles to clearly show the situation**
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| 1. **Important Information**
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| **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 Risk Management Co-ordinator: PO Box 511 Horsham Victoria 3402 or telephone 03 5382 9778.**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.**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)1. A person who is currently licensed or registered under a law of a State of Territory to practise in one of the following occupations – Chiropractor, Dentist, Legal Practitioner, Medical Practitioner, Nurse, Optometrist, Patent Attorney, Pharmacist, Physiotherapist, Psychologist, Trade Marks Attorney.
2. 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.
3. Police Officer, Sherriff, Sherriff’s Officer, Teacher employed on a full-time basis at a school or tertiary education institution.
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| 1. **Statutory Declaration**
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| 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 Horsham Rural City Council in respect of the request to any person or organisation we consider may be responsible for this incident.**I (Full name)**………………………………………………………………………………………..**Of (Address)**…………………………………………………………………………………………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 my knowledge and beliefs disclosed all relevant information to Horsham Rural City 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 this declaration:***(To be signed in front of an authorised witness)* |  |
| **Before Me (Full Name):**(*Print full name of authorised person)* |  |
| **Signature:***(Signature of authorised witness)* |  |
| **Address:** |
| **Occupation:** |
| The authorised witness must print or stamp his or her name, address, and title under section 109 of the Evidence Act 1958**.****For a list of who can witness statutory declarations, please see page 4.** |