##

Public Liability

Claim Form

Please be aware that by accepting this form, we’re not admitting liability.

**To support your claim, you’ll need to:**

 [ ]  Complete and sign this form;

[ ]  Present your reasons and demonstrate how we’ve been negligent in law;

[ ]  Provide at least two quotes for the repair or replacement of any damaged items;

[ ]  Provide details of any other expenses claimed;

[ ]  Once paid, provide tax invoice/s for the final expended amount/s of expenses claimed.

Our assessment process generally takes about four to six weeks from receipt of your claim. We’ll notify you of the outcome in writing.

**What you need to know**

It’s important to understand that to hold us liabile, you’ll need to demonstrate how we’ve been negligent in law.

We’re unable to repair damage to private property or directly pay invoices for these repairs. Where a claim has been established in law, we’ll reimburse reasonable expenses. If you’d like to proceed with repairs, you don’t need to wait for your assessment to be completed.

# Details of person affected by incident

Name: ................................................................................................................................................................

Address: ............................................................................................................................................................

Daytime Phone: ........................................................... Mobile Phone: ...........................................................

Email: ............................................................................................................................. Age:..........................

# Details of contact person

[ ]  Same as above (go to Section 3) [ ]  Different to above (please complete below details):

Name: ................................................................................................................................................................

Address: ............................................................................................................................................................

Daytime Phone: ........................................................... Mobile Phone: ...........................................................

Email: ............................................................................................................................. Age: ..........................

Relationship to you: .........................................................................................................................................

# Incident details

Date of Incident: ........................................................... Time of Day: ................................................ am/pm

Where did the incident occur?

Does the affected person regularly use the area where the incident occurred? [ ]  Yes [ ]  No

If yes, how frequently? .....................................................................................................................................

Describe exactly how the incident occurred:

............................................................................................................................................................................

............................................................................................................................................................................

............................................................................................................................................................................

**Note:** If possible, please attach photographs or drawings, marking with an X the exact location of where the incident occurred.

# Have you previously notified us of a problem related to this incident?

[ ]  No (go to Section 5)

[ ]  Yes: Date/s of report: ...............................................................................................................................

 Customer Request Number if known: .............................................................................................................

Any further details regarding previous notifications:

............................................................................................................................................................................

............................................................................................................................................................................

# Details of any damage, loss or injury:

(Please attach photographs if available)

............................................................................................................................................................................

............................................................................................................................................................................

............................................................................................................................................................................

............................................................................................................................................................................

Did the affected person require medical assistance: [ ]  Yes [ ]  No [ ]  N/A

**If yes**, please give details of doctor, medical centre or hospital attended:

............................................................................................................................................................................

............................................................................................................................................................................

............................................................................................................................................................................

............................................................................................................................................................................

Has a claim for compensation been made for this incident under an insurance policy? [ ]  Yes [ ]  No

# Name and address of any witnesses (if available)

Name: .............................................................................................. Contact Phone: .....................................

Address: ...........................................................................................................................................................

Name: .............................................................................................. Contact Phone: .....................................

Address: ...........................................................................................................................................................

# Privacy statement

**We are required to comply with the Information Protection Principles (IPPs) in the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and the Health Privacy Principles (HPPs) in the *Health Records and Information Privacy Act 2002* (HRIP Act). These regulate the collection, storage, use and disclosure of personal and health information held by us.**

**Your personal and health information**Any personal or health information you provide to us will be used and disclosed for our purposes in accordance with our process for managing public liability claims or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law.

The provision of information to us is voluntary, no law requires you to provide personal or health information to us, however, if you choose not to provide certain personal or health information to us it may restrict our ability to provide you with the services you require.

Under the PPIP Act and HRIP Act, you have the right to access your personal and health information held by us, without excessive delay or expense. You also have the right to have your personal or health information corrected in certain circumstances. Should you wish to access or correct your personal or health information, please make a written request to our Public Information Officer by:

Mail 553 Kiewa Street
(PO Box 323)
ALBURY NSW 2640

Email info@alburycity.nsw.gov.au

For more information, please read our [Privacy Management Plan](https://eservice.alburycity.nsw.gov.au/portal/common/output/TrimDocumentViewer.aspx?id=1263115) on our website. If you have any queries about this privacy statement, please contact us on **02 6023 8111**.

I acknowledge that I have read and understood this Privacy Statement: [ ]  Yes [ ]  No

# Declaration and submission of claim

Supporting documentation attached: [ ]  Yes [ ]  No

I certify that all answers and statements on this claim form and any attachments are true and correct.

Form completed by: Full name: ...............................................................................................................

 Signature: ...............................................................................................................

 Date: ...............................................................................................................

**Please return completed form to:**

In person AlburyCity Mail AlburyCity
Customer Service Centre PO Box 323

 Ground Floor, 553 Kiewa St, Albury ALBURY NSW 2640

Email info@alburycity.nsw.gov.au

 **For Office Use Only**

To be completed by AlburyCity Officer receiving claim:

* 1. All personal details have been completed [ ]  Yes [ ]  No
	2. Photos clearly marking incident location attached [ ]  Yes [ ]  No
	3. Photos of damage or personal injury attached [ ]  Yes [ ]  No