



Claim Form for compensation against Council

Expiry Date: 30 June 2024.

About this form

1. This form is to be used to submit a potential claim for compensation against Council.
2. Council will require information specific to the incident, this is described in the Fact Sheet(s).
3. Completion of this Claim Form is **not** an admission of liability by Council.
4. Subject to the level of information provided, the Claims Investigation Process typically takes 4-6 weeks. However, this process may take longer depending on the level of complexity of the incident.
5. Further information in relation access to the Claims Process on Council's website at <https://www.woollahra.nsw.gov.au/council/make-a-claim/>

What is being claimed? (please tick ✓ as appropriate)

- | | |
|--|--|
| <input type="checkbox"/> Damage to a vehicle | <i>Refer to Fact Sheet No. 1 for further information</i> |
| <input type="checkbox"/> Personal Injury | <i>Refer to Fact Sheet No. 1 for further information</i> |
| <input type="checkbox"/> Damage to Sewer/Stormwater System | <i>Refer to Fact Sheet No. 2 for further information</i> |
| <input type="checkbox"/> Property Damage | <i>Refer to Fact Sheet No. 1 for further information</i> |
| <input type="checkbox"/> Other (please provide details below): | |

Claimant details (Note: All correspondence will be directed to the Claimant)

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Full name:	<input type="text"/>			
Company name: (if applicable)	<input type="text"/>			
Address:	<input type="text"/>			
Phone:	<input type="text"/>	Email address:	<input type="text"/>	

Incident Details

Please provide specific details of the incident that occurred. There are separate sections below for location details.

Date of the incident	
Time of the incident	
Address	
Suburb, State and Postcode	

What is being claimed?

For further details on what information is required for consideration, please refer to the relevant Fact Sheet.

Declaration and signature

I,

declare that:

- I declare that all the information given on this application form is true and correct.
- I understand that in order to make a claim, I need to supply the information requested in the Fact Sheet.

I understand that the submission of this Claims Form and relevant information is **not** an admission of liability by Council.

Applicant's signature

Date

Privacy

For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy.

Lodgement details

Mail to: Woollahra Municipal Council
PO Box 61 Double Bay 1360

In person: Council Chambers
536 New South Head Road
Double Bay NSW 2028

Email: records@woollahra.nsw.gov.au

Telephone: (02) 9391 7000

Website: www.woollahra.nsw.gov.au