



Goulburn Mulwaree Council  
Locked Bag 22  
Goulburn NSW 2580

Civic Centre  
184 - 194 Bourke Street  
Goulburn NSW 2580  
t (02) 4823 4444  
e [council@goulburn.nsw.gov.au](mailto:council@goulburn.nsw.gov.au)  
[www.goulburn.nsw.gov.au](http://www.goulburn.nsw.gov.au)

## Claims Handling Information

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Please note that the provision of this information should not be considered as an admission of liability on the part of Goulburn Mulwaree Council (Council). All claims will be considered on a "Without Prejudice" basis. The acceptance of a completed claim for by Council in no way infers negligence on the part of Council, or binds Council to provide compensation.

Before Council is obliged to pay compensation for any injury, loss or damage suffered, it must be established that this injury, loss or damage was caused through negligence on the part of Council, or employees, or agents of the Council.

The proof required to establish negligence, can be onerous and quite often you may be better served seeking compensation through your household, motor vehicle or medical insurance if you have it. Should your insurance company then consider Council to be negligent, it may seek reimbursement of its costs and any excess that you have paid from Council.

If the claim is in relation to a Motor Vehicle, you are able to make a claim against your own Insurer. Your Insurer may then consider seeking recovery against Council. This option may result in an initial upfront payment to your Insurer for the applicable excess, however it will ensure that your vehicle is repaired by your Insurer's authorised repairers and the repairs are guaranteed.

If you do not wish to make claim against your own insurance and wish to pursue a claim against Council, please complete the attached Claims Handling Form. Allow a **minimum of 21 working days** for a response to your claim.

If you have any questions, please contact Council's Governance & Risk Coordinator on (02) 4823 4481.



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## Claim Reporting Form

All claims will be considered on a "Without Prejudice" basis. Acceptance of a completed claim form by Council in no way infers negligence on the part of Council or binds Council to provide compensation.

All sections of this claim form must be completed, unless otherwise noted on the form. All required evidence, photographs and receipts/quotes **must** be included for the claim to be assessed.

Note: Please allow **a minimum of 21 working days** for the processing of claims.

PERSONAL DETAILS			
Name		Phone Number	
Residential Address			
Postal Address			
Email Address			
Please select the type of claim from the following:			
<input type="checkbox"/> Property Damage			
<input type="checkbox"/> Personal Injury			
<input type="checkbox"/> Motor Vehicle			
<input type="checkbox"/> Other (please specify) _____			
<b>Description of incident:</b> This should outline how and when the incident occurred i.e. date and time of incident; a full description of what happened and include applicable relevant items such as direction & speed of travel, weather conditions at the time of the incident (please attach additional information on a separate sheet if required).			



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**Has the incident been reported to Council? If yes, please provide details.** Outline how & when the Incident was reported to Council.

**An exact description of where the incident occurred:** Exact location and address, include relevant details such as street name, house number, cross streets, distance from reference points, sketch or map of the area including the exact location of the incident (include photos where possible)

**An explanation as to why you believe that Council contributed to the incident:** Description of circumstances surrounding the incident, including any physical factors which may have attributed to the incident (please attach additional information on a separate sheet if required)

**Details of any witnesses (if applicable).** Name/address/phone number & relationship



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<b>A description of the loss incurred, damage caused and/or injuries suffered. Supporting documents such as photographs, medical reports or invoices must be included to process your claim</b>
<b>Other relevant information</b>
<b>Total amount of claim against Council</b>

Have you lodged a claim with your insurer regarding this incident?

- Yes       No

Have you enclosed any receipts for medical treatment sought? (Please note, if you are claiming medical expenses and you have not included your receipts, your claim cannot be assessed)

- Yes       No

Have you enclosed a minimum of two (2) quotes for the repair or replacement of any damaged item/s? (Please note, if you are claiming repair or replacement costs and you have not included receipts, your claim cannot be assessed)

- Yes       No



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## PRIVACY

In completing this form, you will be providing “personal information” as defined under the *Privacy and Personal Information Protection Act 1988*. Council is collecting this information for the purpose of assessing your claim. This information will only be used for the purpose it was collected and may be disclosed to relevant third parties for the purpose of assessing your claim.

## DECLARATION

I declare that the information provided on this form and all other supporting documentation (including photographs) in relation to my claim is, to the best of my knowledge, accurate, relevant and complete.

Claimant's Signature.....

Date.....