



# BELLINGEN SHIRE COUNCIL

33-39 Hyde Street · Bellingen · NSW  
All communications to be addressed to the General Manager  
P.O. BOX 117 · BELLINGEN · NSW · 2454

ABN: 26 066 993 265  
TELEPHONE: (02) 6655 7300  
FAX: (02) 6655 2310  
EMAIL: council@bellingen.nsw.gov.au  
WEBSITE: www.bellingen.nsw.gov.au

## INCIDENT / CLAIM REPORTING FORM

Should you wish to make a claim against the Council for loss or damage allegedly arising from the incident you are reporting, please complete the attached claim form and provide Council with the specified information, to allow Council to assess your claim. The completed form, accompanying photographs and receipts/quotes should be forwarded to:

General Manager  
Bellingen Shire Council  
33-39 Hyde Street  
BELLINGEN  
NSW 2454

### **“Without Prejudice”**

**All incidents/claims will be considered on a “Without Prejudice” basis. While the Council sympathises with anyone suffering injury or sustaining loss, the acceptance of a completed claim form by the Council in no way infers negligence on the part of the Council or binds the Council to provide compensation.**

### **Notice to Potential Claimants**

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

In order to enable Council to establish the facts of the incident, loss or damage sustained and process the claim more expediently, please provide the evidence in support of your claim such as but not limited to:

### **Personal Injury Related Matters**

- Date, time, address & exact location where the incident occurred
- Description of what occurred
- Any applicable photos of the location where the incident occurred
- Description of any injury sustained during the incident
- Copies of all receipts, invoices for medical or any other treatment and medications you are claiming from Council



## Property Damage Related Matters

- Exact description of the damaged property,
- Reason as to why the damage occurred.
- Any photos, proof of the damage caused.
- Supply Council with at least two quotes for the repair of the damage you think was caused by Council.
- Any witness details
- If the damaged property is clothing or any other personal item in relation to the injury see the section on Personal Injury.

Please note that a payment made by Bellingen Shire Council is on a without prejudice basis and Council will not accept any liability for the injury, loss or damage.

Prior a payment the client will need to sign a Deed of Release that indemnifies Bellingen Shire Council for the injury, loss or damage for each particular claim.

**If you have any questions, please contact Council's Governance & Corporate Planning Officer on (02) 6655 7380.**

**BELLINGEN SHIRE COUNCIL  
INCIDENT / CLAIM REPORTING FORM**

**Please Note**

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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.

|   |
|---|
| <b>Your Name:</b>   |
| <b>Your Home address:</b>   |
| <b>Your daytime contact telephone number/s:</b>   |
| <b>Date of incident:</b><br><b>Time:</b><br><b>Address or location of incident:</b>   |
| <b>Description of how the incident occurred</b> (please attach the information on a separate sheet, if the space provided below is not enough): |
| <b>Details of how and when the incident was reported to the Council:</b>  |

**An exact description of where the incident occurred including a colour photograph of the location, with the exact site marked with an 'X'** (without the exact location and a photograph, Council officers cannot investigate any defect that may have caused an incident):

**An explanation as to why you believe that Council negligence was the cause of the incident** (please attach the information on a separate sheet if the space provided below is not enough):

**The names and addresses of any witnesses to the incident** (if available):

**A description of the loss incurred, damage caused and/or injuries suffered, including colour photographs** (photographs are necessary to allow us to substantiate your claims; please attach the information on a separate sheet, if the space provided below is not enough):

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| <b>Other relevant information:</b><br><br><br>   |
| <b>The total amount of claim against the Council is: \$</b><br><br>  |
| <b>Receipts for any medical treatment sought are enclosed:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Please note:</b> if you are claiming medical expenses and you have not included receipts, your claim cannot be assessed.  |
| <b>A minimum of two quotes for the repair or replacement of any damaged item/s are enclosed:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Please note:</b> if you are claiming repair or replacement costs and you have not included receipts, your claim cannot be assessed. |

***In completing this form, you will be providing 'personal information' as defined under the Privacy and Personal Information Protection Act 1998 Bellingen Shire Council is collecting personal information for the purpose of assessing your claim against the Council. The information will only be used for the purpose it was collected and will not be disclosed to any other organisation unless required by law.***

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**Signature**

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**Date**