

Claim Form – Personal Injury

Purpose of the Claim Form:

The information disclosed by you in this Claim Form will be used:

- to assess, process and investigate the incident.
- to consider and respond to the claim.
- to take any necessary remedial action regarding the circumstances alleged to have caused the incident.
- for the purpose of risk management activities.

We may disclose any information you provide to our insurers and advisers, including investigators and legal advisers.

By submitting this form, you consent to the information for the above purposes.

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the Information Privacy Act 2009.

1. PERSONAL DETAILS			
Title:	Surname:	First Name(s):	
Address:			
			Postcode:
Telephone: (Home):	(Work):	(Fax):	
Mobile:	Email:		
Preferred method of contact:			
2. AGENT AUTHORISATION			
Has someone agreed to act on your behalf in handling your claim? Yes No			
Council will only communicate with someone else acting on your behalf in this matter if you have ticked 'yes' and provided all additional details below.			
Have they agreed to share their contact details with Council for the purpose of investigating your claim?			
Yes No			
Name of authorised person to act on your behalf:			
Contact number for authorised person:			
Authorisation: (you must check this box if you are giving authority to a third party to act on your behalf)			
I hereby authorise Logan City Council to discuss and manage my claim against Council with the abovementioned agent who I have instructed on my behalf.			

3. INCIDENT DETAILS

Date of Incident:

Time of Incident:

Details of Incident: What happened? Additional space is provided at the end of this form.

Large empty rectangular area for providing details of the incident.

Location of the incident, including the nearest intersection (street and town or suburb):

Empty rectangular area for providing the location of the incident.

Please describe what you believed caused the incident. Include details of acts, events, omissions, processes or procedures etc. which you believe caused the incident and loss and damage.

Large empty rectangular area for describing the cause of the incident.

Please describe the reasons why you think Council is responsible for the incident and any loss and damage claimed.		
<p>Please advise if you think anyone else may have caused or contributed to the incident:</p> <p>If yes, please provide their details, and the reasons why you believe they may have caused or contributed to the incident.</p>	Yes	No
What were the weather conditions at the time of the incident?		
Do you regularly use the area where the incident occurred?	Yes	No
If yes, how often?		
Is your claim a result of a Council related maintenance or public safety issue?	Yes	No
Have you reported this to Council?	Yes	No
<p>If no, you must report the maintenance or public safety issue to Council before proceeding with this claim.</p> <p>Please call us on (07) 3412 3412 to report the maintenance or public safety issue. You will be provided with a Customer Request number. Please take note of the Customer Request number as it will help us to investigate your claim.</p>		
If yes, please provide the Customer request number:		
Have you previously notified Council of an issue related to this claim?	Yes	No
<p>If yes, please provide details including the date and the Customer request number. Attach copies of any documentation you have from your previous contact. Use a separate sheet if required.</p>		

4. WITNESS DETAILS (you can add up to 3 witnesses)

Note: A witness may be required to give evidence if a claim progresses to Court. As the claimant, providing witness details, includes ensuring that witnesses consent to Council or its representative contacting them, where required.

Have the witnesses agreed to share their contact details with Council for the purpose of investigating your claim?

Yes

No

Witness 1

Full Name:

Contact phone number:

Email address (optional):

Address (optional)

Witness 2

Full Name:

Contact phone number:

Email address (optional):

Address (optional)

Witness 3

Full Name:

Contact phone number:

Email address (optional):

Address (optional)

5. CLAIM DETAILS – WHAT ARE YOU SEEKING?

Describe the injury or injuries that have been sustained:

Have you made a claim on your own insurance policy (or someone else's insurance policy) in relation to this incident and/or the loss and injury claimed (or part thereof)? Yes No

If yes, please provide the name and contact details for your insurance company and claim number provided to you by your insurer when you lodged your claim.

Provide details why you believe Council caused the incident and/or why Council is responsible for the injury.

You should identify and explain the act or omission/event/process etc. which you believe caused the incident, and the injury claimed.

Other than Council, are there any other persons who you believe caused or contributed to the injury?

Yes No

What are you seeking from Council?

If applicable, what is the loss and injury you are claiming for?

Provide details of any evidence you have to support the amount(s) claimed (e.g. medical reports, invoices, etc.).

6. SUPPORTING EVIDENCE AND ATTACHMENTS

To process this claim, you are required to provide evidence establishing that Council is liable to pay for your loss or injury.

For example, you should provide copies of any documents or reports in your possession that support the reasons why you consider Council is responsible for the loss or injury. You can provide further supporting documents as they become available. We may ask for further supporting documents after we have reviewed the claim.

If you do not provide all the requested information, it may cause a delay in determining your claim. The evidence we require will depend on the nature of the claim and could include, but is not limited to:

1. Photographs from different angles of the injury and incident location
2. Medical report (copy of report and x-rays, If available) (personal injury only)
3. Documentation to quantify your loss, and
4. Any other relevant information to support your claim.

Please attach any files to this PDF when submitted to Council

ADDITIONAL COMMENTS

DISCLAIMER

- **Commencement of claim and limitation period:** I/We understand that providing this claim form to Council does not start legal proceedings against Council, for the purposes of any limitation period applicable to the facts matters or circumstances of this claim as prescribed by the Limitation of Actions Act 1974 (Qld) or otherwise at law, is not a substitute for commencing a claim against Council in the appropriate Court.
- **No admission of liability or waiver:** I/We accept that Council's receipt and acceptance of this claim form and attachments, and its investigation and determination of this claim is not an admission of liability by Council or waiver or election of any of its rights.
- **Timeframe for determination:** I/We accept that Council will respond to this claim as soon possible. I/We understand and acknowledge that it may take some time for Council to review the information/evidence provided and obtain any further information/evidence required (including by conducting its own investigations and/or obtaining legal advice), before it is able to provide its determination.
- **Collection statement:** I/We have been offered access to [Council's Privacy Policy](#) and data collection statement.

DECLARATION

I/We solemnly and sincerely declare that the facts and evidence contained within this liability claim form are true and correct to the best of my/our knowledge.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Information Privacy Act 2009 information referred to in this document and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

ELECTRONIC SIGNATURE

I/We acknowledge Queensland State Laws will accept this communication as containing my signature within the meaning of the [Electronic Transactions \(Queensland\) Act 2001](#).

Signed by (full name):

Date of signature:

Completed claim forms can be returned by:

- email to council@logan.qld.gov.au or
- post to Logan City Council PO Box 3226 LOGAN CITY DC QLD 4114 or
- in person to one of our Customer service centres