

Information Request Form



This form should be completed and forwarded to the Shire's Legal Services Team at customerservice@mornpen.vic.gov.au.

Please tick boxes where appropriate.

Please select the compensation being sought:					
Type	Property Damage	Personal Injury	Motor Vehicle	Other	
1. Contact Details					
Title	Mr	Mrs	Ms	Miss	Other
Full name					
Address					
Email					
Phone					
2. Date and Time of Incident					
Date/time of incident					
3. Weather Conditions					
Conditions (e.g. dry, windy, raining, sunny)					

4. Incident location

Address

Please provide details of the exact location with supporting photographs or sketch marked to clearly depict the area/road/tree in question.

5. Incident details and evidence

Please provide details of the incident and why you believe Council is liable.

The claim you are making is a legal claim. You need to provide clear evidence that the incident occurred due to Council's negligence, nuisance or other fault. To state that Council is liable because 'it is their asset' or that 'the asset is on their land' is not sufficient for your claim to be accepted.

Please provide all relevant supporting information, evidence and photographs to establish any burden of proof.

6. The Road Management Act 2004

Does your claim relate to property damage arising from the condition of the roadway/footpath or road related infrastructure?

Yes

No

If yes, please be advised the provisions of the Road Management Act 2004 require an individual or company seeking compensation for property damage arising from the condition of the roadway/footpath, to pay the first \$1,681.00 of any claim (the "threshold amount") regardless of liability (includes motor vehicles, clothing, glasses etc).

Does your request for compensation exceed the threshold amount?

Yes

No

7. Compensation sought

Please provide details of the type of damages sought.

Please attach any supporting documentation to substantiate your loss, e.g. quote, invoice, receipt etc. Please note that the request for this information must not be seen as an automatic acceptance of liability. Claimants must be able to substantiate their loss.

Amount

Is the total GST inclusive?

Yes

No

8. Insurance details

Have you claimed against your insurer?

Yes

No

Insurance Provider

Claim/Policy number

Yes

No

9. Witness

Witness to the incident willing to provide a statement

Yes

No

Name

Contact address

Contact number

Email

10. Authority for an agent to act

If you wish for a third party to act on your behalf in this request for compensation, please sign and complete the following:

I _____, hereby authorise Mornington Peninsula Shire to discuss my claim against Mornington Peninsula Shire Council with _____, who I have instructed to act on my behalf.

Please complete third party contact details below.

Contact full name

Contact address

State

Postcode

Contact email

Contact number

Signature

Dated

I have completed the application and attached the information as requested and declare that all information is true and correct.

Name

Contact address

Signature

Dated

The Mornington Peninsula Shire is collecting and using your personal information in accordance with the Privacy and Data Protection Act 2014 and its Privacy Policy. The personal information you provide on this form will be used for the purpose of processing your compensation claim. Any personal information you provide may be disclosed to third parties in order to process your claim, including but not limited to Council's insurers and contractors. The personal information collected will not be used or disclosed for any other purpose without your consent except where authorised by law. By submitting this form, you are agreeing to and acknowledging that your personal information may be used and disclosed in this manner. You can access the personal information you have provided and make changes to it by contacting the Shire's Freedom of Information Officer.