

This form needs to be completed and returned to: info@frankston.vic.gov.au

Please tick boxes where appropriate

Please select the compensation	on being sought		
Property Damage	Personal Injury	Motor Vehicle	Other
1. Contact details			
Title:	☐ Mr ☐	Mrs Ms	Other
Full name:			<u> </u>
Telephone:		Mobile:	
E-mail:			
Address:			
State:		Postcode:	
2. Date and time of incident			
Date of incident:		Time of incident:	
3. Weather conditions			
Conditions (e.g. dry, windy, raining, su	unny):		
4. Location of incident			
Address:			
Suburb:		Postcode:	
	//		

Please provide details of the exact location with supporting photographs and markings showing the question:	e area in
If the location is unclear please provide a sketch to assist us in our investigations:	
Ti the location is unclear please provide a sketch to assist as in our investigations.	
5. Introduction If you are seeking compensation for loss or damage from an incident, which you believe has been cau negligence, Council will investigate the circumstances of the incident to establish whether or not Coullegal liability. All claims are assessed on prevailing legal frameworks.	
6. The Road Management Act 2004	
Is your claim for property damage due to the condition of the roadway? Yes	∐ No
Is your claim for property damage due to the condition of the footpath?	□ No
If yes, please be advised that pursuant to Section 110 (3) of the Road Management Act, 'A road auth property damages where the value of the damage is equal to or less than the threshold amount' The threshold amount effective from July 1, 2024 has been set at \$1,640.	nority is not liable for



For further information:

In circumstances where the road is the responsibility of VicRoads, you should stop completing this form and redirect your claim to them using the following link -

 $\underline{https://www.vicroads.vic.gov.au/about-vicroads/acts-and-regulations/notice-of-incident}$



Prior to completing this form refer to FAQ on we road where the incident has occurred.	bsite and look at the m	ap of roadw	ays to confirm wh	no is responsible for the
7. Incident details				
Please provide details of the incident and why yo	u believe Council is liabl	e:		
8. Compensation				
Please provide the details of the compensation y	ou are seeking:			
Amount: \$	Is this total GST Inclusion	ve?	Yes	□ No
9. Insurance details				
Have you claimed against your insurer?		Yes		□ No
Insurance Provider:		Claim/Policy	Number:	
Contact Name:		Contact Nur	nber:	
10. Witness				
	provide their details):			
Did anyone witness the incident? (If yes, please p	rovide their details):	L Yes		L No
Contact name:		С	Contact number:	
Full name:				
Telephone:		Mobile:		
E-mail:				
Address:				

Postcode:



State:

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11. Evidence		
In order to succeed in your request for compensation you will be required to establish that Council cau	ised the alleged loss	
and/or damage through negligence or breach of statutory responsibilities.		
Please provide any evidence that will support your claim, such as any previous contact with Council.		
Is the evidence attached to this document?	□ No	
12. Photographs		
One of the most effective ways to avoid confusion about the circumstances of your claim is through ph Council ensure it is investigating the correct issue.	notographs. This helps	
Please provide a minimum of 3 photographs to support your claim.		
Your photographs need to show the following:		
• The area of property that was damaged,		
 A clear marking on the photo showing an area where a trip and fall occurred, Clear photographs of roots and trees if you are making a tree root claim, 		
• Photos of injuries if relevant,		
• A variety of shots and angles to clearly show the situation.		
Disclaimer		
Completion and acceptance of this form does not represent an admission of liability on the part of Cou	ıncil. Your	
claim will be subject to investigation and the findings assessed on their own merits.		
Council will acknowledge receipt of your claim with 7 days.		
The assessment of claims can take up to 6 weeks to complete. This could be longer in circumstances w	thoro a higher than	
normal volume of claims are received, which can often occur due to extreme weather events.		



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Privacy	
Frankston City Council is committed to protecting your privacy. The personal inform to assess and determine your claim. Council may contact the nominated witnesses t cident. Please advise the witnesses that you have provided their contact details to C may be necessary to share information about you and the incident, including your nesuch as Council's insurer and contractors. Your information will only be used and disprovide the detailed information requested on the form, your claim for compensation claim may be referred to Echelon Claims to process on Council's behalf. Echelon may about how Echelon handles personal information, see their privacy policy at Echelon how Council handles personal information, or to access your information, see Council contact Council's privacy officer on 1300 322 322.	o gather further information about the in- council. In order to fully assess your claim, it ame and contact details, to other parties, sclosed as authorised by law. If you do not on may not be able to be processed. Your y contact you directly. For information on privacy policy. For further detail about
Please print name:	
Signature:	Date:
If your request relates to a location managed by another authority, such as VicRoads completed form, including your personal information, to the relevant authority for a Yes	
Council Use Only	

Council reference:



Council:

Dated:

Received by:

Council's notes: