

INCIDENT NOTIFICATION FORM

INTRODUCTION

Claims Management Australasia is utilised by Hobsons Bay City Council to assess Council's liability upon notification of an incident. If you are seeking reimbursement for loss or damage arising from an incident, which you believe has been caused by Council's negligence, Claims Management Australasia will investigate the incident to establish whether Council has legal liability.

Most requests for reimbursement are below Council's excess and, therefore, are not covered by an insurance policy.

ON COMPLETION OF THIS FORM, PLEASE RETURN TO THE FOLLOWING ADDRESS:

Hobsons Bay City Council
Attn: Insurance Officer
PO Box 21
ALTONA VIC 3018
Phone: (03) 9932 1000
Email: claims@hobsonsbay.vic.gov.au

FOR ANY QUERIES ON THE COMPLETION OF THIS FORM PLEASE CONTACT HOBSONS BAY CITY COUNCIL:

Phone: (03) 9932 1000

Please select what this incident relates to:

PROPERTY DAMAGE
 PERSONAL INJURY
 MOTOR VEHICLE
 OTHER

CONTACT DETAILS

Title:	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS
Full Name:				
Address:				
Suburb:		State:		Postcode:
Email:				
Telephone No:		Mobile:		
Do you wish for all correspondence to be sent to you via email?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

AUTHORITY FOR AN AGENT TO ACT

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

I _____, hereby authorise Claims Management Australasia to discuss my incident for notification against Hobsons Bay City Council with _____, who I have instructed to act on my behalf.

Please complete third party contact details below:

Name:				
Address:				
Suburb:		State:		Postcode:
Email:				
Phone Number:				
Signature:		Date:		

DATE AND TIME OF INCIDENT DETAILS

Date of Incident:

Time of Incident:

WEATHER CONDITIONS

Conditions (E.g. Dry, Windy, Raining, Sunny):

LOCATION OF INCIDENT

Address:

Suburb:

State:

Postcode:

Please provide details of the exact location with supporting photographs marked to clearly depict the area in question. If the location is unclear please provide a sketch to assist us in our investigations:

PHOTOGRAPHS

One of the most effective ways to avoid confusion about the circumstances surrounding your incident is through the use of photographs. Without this information Council is unable to be sure it is investigating the correct issues. Please ensure that you only take photographs if it is safe to do so.

You are required to provide a minimum of 3 photographs in support of your incident for notification

Your photographs need to show the following (where applicable):

- The area of property that has sustained damage.
- Area where a trip and fall occurred (Mark an 'x' on the exact tripping point)
- The roots and/or trees that you allege have caused property damage.
- Proof of injuries sustained.
- A variety of shots and angles to clearly show the situation.

THE ROAD MANAGEMENT ACT 2004

Does the damage to your property damage arise from the condition of the roadway/footpath?

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 the amount you are seeking exceed the threshold amount?

YES

NO

Please note that the threshold amount is varied by the Victorian Government every financial year. The threshold amount stated above is valid for property damage occurring in the 2025/2026 financial year.

See: http://www.austlii.edu.au/au/legis/vic/consol_act/rma2004138 for further information.

INCIDENT DETAILS

Please provide details of the incident and why you believe Council is liable. The request you are making is based in negligence, therefore, you need to provide clear evidence that the incident occurred due to Council's negligence. To state that Council is liable because 'it is their asset' or that the 'incident occurred on Council land' is not sufficient for your incident for notification to be accepted.

SUPPORTING DOCUMENTATION

You are required to attach any supporting documentation to substantiate your loss. If you are claiming for property damage please provide a minimum of 2 x repair quotes or invoice or receipt etc.

Please Note: The request of this information must not be seen as an automatic acceptance of liability.

Amount:

\$

Is the total GST Inclusive?

YES

NO

Please Note: you will be required to substantiate any amount sought.

INSURANCE DETAILS – PLEASE COMPLETE WHERE APPLICABLE

Do you have Insurance?

YES

NO

Have you claimed against your insurer?

YES

NO

If YES, please advise the outcome of your claim:

ACCEPTED

DENIED

Insurance Provider:

Claim / Policy Number:

Contact Name:

Contact Number:

Have you lodged a claim with TAC/VWA?

YES

NO

If YES, please advise the outcome of your claim:

ACCEPTED

DENIED

WITNESS - PLEASE BE ADVISED, WITNESS STATEMENTS FROM FAMILY AND FRIENDS ARE NOT ACCEPTED

Did anyone witness the incident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, please provide their details:

Contact Name:		Contact Number:	
E-mail:			
Address:			
Suburb:		State:	
		Postcode:	

EVIDENCE

In order to succeed in any reimbursement of costs you will be required to establish that Council caused the alleged loss and/or damage through some form of negligence. In public liability matters the burden of providing proof of negligence rests with you as the person making the allegation. Neither Council nor Claims Management Australasia can assist you in this.

Please explain any evidence you are supplying:

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Is the evidence referenced attached to this document?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DISCLAIMER

Completion and acceptance of this form does not represent an admission of liability on the part of Council and/or their insurers. The incident you have reported will be subject to investigation and the findings assessed on their own merits.

Claims Management Australasia will endeavour to respond as quickly as possible. However, as all matters are assessed on their own merits, it can take some time to collate all the relevant information before we are in a position to make an accurate decision on liability. The process takes approximately eight weeks from the time Claims Management Australasia receives your incident for notification form. However, this timeframe can be longer due to delays in obtaining information and other factors beyond Council's control.

Council complies with all its obligations under the provision of the Privacy and Data Protection Act 2014 and is committed to transparency and integrity in all its activities and programs. All information you supply is treated as private and confidential.

DECLARATION (person signing the notification form)

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Council using personal information I have provided on this form for the purpose of assessing any future claims that may arise in relation to this notification.

I understand that if I choose not to provide the required details, this is my choice, and that Council may not be able to assess any future claims.

I also consent to Council disclosing my personal information as required by law and to the insurers, investigators, legal advisers, medical or other advisers whom Council may engage to obtain additional information and to assist in assessing and processing any future claims. Where I have provided information about another individual (eg an employee or client) I declare that the individual has been made aware of the reasons for the disclosure of their personal details to Council and of Council's privacy policy.

Please Print Name:			
Signature:		Date:	

HOBSONS BAY CITY COUNCIL - PRIVACY STATEMENT

Hobsons Bay City Council is committed to protecting your privacy. The personal information supplied by you (or which is provided by a health service under s 141 of the Health Services Act 1998 (Vic) or a third party such as a government body) in this form is being collected by Council for the purpose of complying with its financial management obligations under the Local Government Act 2020 (Vic) and for assessing any future claims that may arise in relation to this notification.

Your personal information will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles, the Health Records Act 2001 (Vic), the Health Privacy Principles and in accordance with Council's Privacy Policy which may be accessed at <https://www.hobsonsbay.vic.gov.au/Website-Information/Privacy>.

You have the right to access your personal information and make corrections. If you have any queries or wish to gain access to amend your information, please contact Council's Privacy Officer on 1300 179 944 or by email at customerservice@hobsonsbay.vic.gov.au.



COUNCIL USE ONLY

Council:		Council Reference:	
Received by:		Date:	
Council's notes for Claims Management Australasia:			