



REQUEST FOR COMPENSATION FORM

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

Melton City Council – FAO: Public Liability Claims Department
PO BOX 21, MELTON VIC 3337

FOR ANY QUERIES ON THE COMPLETION OF THIS FORM PLEASE CONTACT:

Phone: (03) 9860 3439
Email: claimsadmin@ehchelonaustralia.com.au

Please select the compensation being sought:

| | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> PROPERTY DAMAGE | <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> MOTOR VEHICLE | <input type="checkbox"/> 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 request for compensation, please sign and complete the following:

I _____, hereby authorise Echelon Claims Services to discuss my request for compensation against Melton 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: | | |

INTRODUCTION

Echelon Claims Services is an independent, third party that objectively assesses Council's liability when requests for compensation are made. If you are seeking compensation for loss or damage arising from an incident, which you believe has been caused by Council's negligence, Echelon Claims Services will investigate the incident to establish whether Council has any legal liability.

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

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:

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PHOTOGRAPHS

One of the most effective ways to avoid confusion about the circumstances surrounding your request for compensation 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 request for compensation.

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 your request for compensation for 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 \$1,430.00 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

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 2018/19 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 asset is on their land' is not sufficient for your request for compensation to be accepted.

COMPENSATION SOUGHT

You are required to attach any supporting documentation to substantiate your loss. For property damage claims 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 the amount of compensation sought. Requests for compensation are assessed on their own merit and any payments made will come from Council funds

INSURANCE DETAILS – PLEASE COMPLETE WHERE APPLICABLE

| | | |
|--|-----------------------------------|---------------------------------|
| Do you have Insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you claimed against your insurer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, please advise the outcome of your claim: | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> DENIED |
| Insurance Provider: | | |
| Claim / Policy Number: | | |
| Contact Name: | Contact Number: | |
| Have you lodged a claim with TAC/WWA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, please advise the outcome of your claim: | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> 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 |
| If YES, please provide their details: | | |
| Contact Name: | Contact Number: | |
| E-mail: | | |
| Address: | State: | Postcode: |

EVIDENCE

In order to succeed in your request for compensation you will be required to establish that Council caused the alleged loss and/or damage through some form of negligence. In any public liability claim the burden of providing proof of negligence rests with you as the person seeking compensation. Neither Council nor Echelon Claims Services 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 |
|---|------------------------------|-----------------------------|

DISCLAIMER

Completion and acceptance of this form does not represent an admission of liability on the part of Council and/or their insurers. Your request for compensation will be subject to investigation and the findings assessed on their own merits.

Echelon Claims Services will endeavour to respond as quickly as possible. However, as all requests for compensation 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 Echelon receives your Request for Compensation 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.

| | | | |
|--------------------|--|-------|--|
| Please Print Name: | | | |
| Signature: | | Date: | |

COUNCIL USE ONLY

| | | | |
|--------------|--|--------------------|--|
| Council: | | Council Reference: | |
| Received by: | | Date: | |

Council's notes for Echelon Claims Services:

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ECHELON AUSTRALIA PTY LTD - COLLECTION STATEMENT UNDER PRIVACY ACT 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we Echelon Australia Pty Ltd (Echelon), including Echelon Claims Services, draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (<http://au.jlt.com/>). For further information contact your account executive or the JLT Privacy Officer:

For further information regarding Echelon's Privacy Policy, contact your Account Executive, Claims Manager or the Privacy Officer for JLT and Echelon.

Jardine Lloyd Thompson Pty Ltd
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225 George Street SYDNEY NSW 2000
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