

Compensation Claim Form

Claimant Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Claimant Given name(s)

Claimant Surname

Company Name

Is the Claimant a Minor?

☐ Yes (complete below) ☐ No

Parent/Guardian Full Name

Claimant address

Suburb

Postcode

Claimant Phone

Claimant Mobile

Claimant Email address

Claimant Preferred Method of Contact

☐ Phone ☐ Email

Witness Details

Witness Given name(s)

Witness Surname

Witness address

Suburb

Postcode

Witness Phone

Witness Mobile

Witness Email address

Witness Preferred Method of Contact

☐ Phone ☐ Email

Details of Accident

Date of Accident

Time of Accident

Date Reported

Details of Accident Continued

Photos taken?

☐ Yes ☐ No

Please attach photographic evidence (if available)

Description of Loss (describe what happened)

Loss Location

Suburb

Who do you hold responsible and why?

What do you want Council to do?

Supporting Documents

Photos attached ☐ Yes ☐ No

Two quotes attached ☐ Yes ☐ No

Other

Declaration

Signature

Date

CSGOV007 – 30/05/2024

Information Privacy Act 2009 - Redland City Council is collecting your personal information in order to process your claim to be compensated for personal loss. The information will only be used by authorised Council Officers and/or Council's insurance company for the purpose of processing your claim. For more information, please refer to www.redland.qld.gov.au/privacy.