

A description of the loss/damage caused and/or injuries suffered (include photographs/invoices, if available):

Description of how the incident/damage occurred (e.g. tripped and fell on footpath, vehicle tyre made contact with road object):

Please provide an explanation why you believe Council's negligence was the cause of the incident/damage:

The name and address of any witness(es) to the incident (if available):

Witness 1	Name:	Address:
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Witness 2 **Name:** _____ **Address:** _____

Witness 3 **Name:** _____ **Address:** _____

In completing this form, you will be providing personal information which will be used in accordance with Privacy Principles. City of Prospect is collecting personal information for the purpose of assessing your notification. The collected information will only be used for management of the claim. Access may be granted to Local Government Association Mutual Liability Scheme, loss adjuster or other associated with claim management.

Claimant:

Print Name _____ **Signature** _____ **Date** ____/____/____

Signature Witness:

Print Name _____ **Signature** _____ **Date** ____/____/____