## **INCIDENT REPORT - LETTER OF DEMAND**

To >> Insurance Officer
Townsville City Cour

Townsville City Council PO Box 1268

TOWNSVILLE QLD 4810

Email >> enquiries@townsville.qld.gov.au



Name >>		Email >>			
Postal Address >	<b>&gt;&gt;</b>		P	hone >>	
If insufficient room  DESCRIPTION O	_	•			
Date of incident		Time >>			
Was this reporte	d to a staff me	mber on site>>	Yes 🔲 I	No	
Name of staff me	ember this inci	dent was repor	ted to >>		
Name(s) of witne	esses and con	tact details (pos	stal and phone	please)	
* You must incl					dont
Location >>	Dam	□ Reserve	☐ Road	☐ Footpath	<b>deπ</b> ☐ Bldg
CONDITIONS >>					
Weather >>	□Wet	☐ Dry	Sunny	☐ Overcast	☐ Other
Lighting >>	None	☐ Artificial	☐ Not workir		
Contributing >> Factors	Uneven ground	☐ Pavement	Hole	Tree	Other
Comments >>					
Property damage				•	
Attached 2 "like	for like" quote	es >>	No *This infor	mation is manda	tory upon submission.
Personal Injuries Details of injuries					
Attached invoice	•	•			a medical professiona
					ory upon submission.
Signature >>					

\* Your claim will not be processed until all the above requested information is received

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which Council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with *Insurance Act 1973* so that we can investigate and assess your insurance claim. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. However, in performing the above functions, we may need to disclose your personal information to the Council Insurer and their contacts. For further information about how we manage your personal information please see our Information Privacy Policy.