

Notice of Incident and Claim - Property Damage

Complete this form if you wish to claim for property damage or loss you believe to be the result of the negligent actions or omissions of the Department of Transport and Main Roads and/or its contractors. If you believe you have sustained personal injuries as a result of this incident, you should not complete this form. You should seek independent legal advice as time limits may apply.

This form is set out in five parts:

- Part A provides important privacy information.
- Part B provides space for you to set out information about the circumstances of the incident.
- Part C provides space for you to set out details of any claim for damages you may wish to make against the department.
- Part D provides important information about disclosure of information to other organisations.
- Part E is a Statutory Declaration.

If you only wish to report an incident but do not intend to make a claim for damages against the department, you should contact us on 131 940.

Part A - Privacy statement

The information disclosed by you in the Notice of Incident and Claim - Property Damage, may be used to investigate the incident, consider and respond to a claim (including in the course of legal proceedings), to take any necessary remedial action in respect of the road and/or road infrastructure and for the purpose of analysing accidents and planning and implementing road management and safety measures. We may disclose any information you provide to our insurers and advisers, including investigators and legal advisers, and to any other organisation we consider might have responsibility in respect of this incident. You have a right of access to information we collect about you. For further information, contact the Information Privacy team on contactrti@tmr.qld.gov.au.

Part B - Notice of incident

Vehicle registration

Note - this report should be received within 30 days from the date of the incident.

Vehicle make

Details of person or company reporting incident, and if applicable, proposing to make a claim.

Company name (if applicable)

ABN (if applicable)

Full name

Residential/Business address

Postcode

Postal address (if different from above)

Telephone number

Facsimile number

Email

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Details of the incident

Date	Time (am/pm)	(e.g. dry, wet, dark,	etc.)	(e.g. raining, sunny, dark, dry, wet, etc.)		
/ /			,			
Road name				Locality (city/suburb/town)		
Troud Harris						
Man reference (if ann	licable detail man an		Traffic direction (north, south, east, west)			
Map reference (if applicable, detail map and grid reference)				Traine direction (north, south, east, west)		
Nearest intersection Distance to intersection (metres or kilometres)						
				(masses of masses)		
Direction of nearest ir (north, south, east, we		List any road infrastruc (traffic light, signs, fenc		astructure involved		
Was the road infrastructure or other infrastructure damaged as a result of this incident? Yes No lif 'yes', please provide the name of the company or organisation responsible for the infrastructure (if known). (e.g. gas company, water company, electricity company, etc.)						
Description of inciden	ıt					

Notice of Incident and Claim - Property Damage continued page 3 of 6 In your opinion, was your vehicle or other property damaged due to the condition of the road or road infrastructure or other infrastructure?					
					Yes No No Service and the damage to the property (including motor vehicles)
Please sketch the incident scene using X to mark your vehicle and Y1, Y2 etc. to mark other vehicles. To the best of your ability, please include street names, line markings, traffic signals, relevant infrastructure within the road reserve and direction vehicle(s) are travelling.					

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Was the incident reported to the police?					
Yes No No					
If 'yes', please provide the following details. Attach copies of any	police reports you have.				
Name	Station				
Date reported					
Were there any witnesses to the incident?					
Yes No					
If 'yes', please provide the following details	Address				
Witness 1: full name	Address				
Witness 2: full name	Address				
Are you proposing to make a claim for damages against the dep	artment?				
Yes No					
If 'yes', please complete Part C - Notice of claim					
Part C - Notice of claim Please note - should the department accept your claim, photos of dama required.	ge and either two quotes for repair, or a copy of the paid tax invoice will be				
Describe the property damaged including, if a motor vehicle, the	make and model of the motor vehicle				
Describe the property damaged including, if a motor vehicle, the make and model of the motor vehicle					
The amount of the claim (\$) \$					
Detail how this amount is calculated					
Detail now this amount is calculated					
Please state why you believe the department is responsible					
,,,					
Other Information - Insurance					
Will you be making, or have you made, an insurance claim?					
Yes No No					
If 'yes', please provide the name and address of the insurer and the insurance policy or claim number.					

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Part D - Disclosure of information

Important notice

The department may not be the organisation responsible for the road or the infrastructure or the incident. We may need to send details of your claim (including any personal or commercially sensitive information we obtain in relation to the claim) to another organisation so that it can:

- investigate the incident
- consider any claim for compensation, including any legal proceedings against them
- enable remedial action to be taken (if necessary) in relation to the road and/or infrastructure
- gather information for the analysis of the causes of accidents and the planning and implementation of road management and safety measures.

By signing the statutory declaration below you consent to disclosure of this Notice of Incident and Claim - Property Damage form and any other information that is obtained by the department in respect of the claim to any person or organisation we consider may be responsible for this incident.

Part E – Statutory Declaration

day of

Oaths Act 1867
Statutory Declaration

this

QUE TO V	ENSLAND /IT			
Ι,	,			
of	,			
in the	State of Queensland do solemnly and sincerely declare that:			
1.	All the information contained in this Notice of Incident and Claim - Property Damage form is accurate to the best of my knowledge and belief.			
2.	I have to the best of my knowledge and belief disclosed all relevant information to the department and have not withheld any relevant information.			
3.	Any attached quotation for repairs has been prepared for the sole purpose of repairing any damage directly resulting from the incident as described in this Notice of Incident and Claim form.			
And	make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act.			
	Declarer			
Witne	essed by a Justice of the Peace or Commissioner for Declarations -			
Taka	a and declared before me at			

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Department of Transport and Main Roads

Region Office Current district email address		Current district email address	Postal Address
South Coast	Gold Coast	southcoast@tmr.qld.gov.au	PO Box 442 NERANG QLD 4211
Metropolitan	Brisbane	metropolitan.claims@tmr.qld.gov.au	PO Box 70 SPRING HILL QLD 4004
North Coast and Wide Bay	Maroochydore	northcoast@tmr.qld.gov.au	PO Box 1600 MAROOCHYDORE QLD 4558
	Bundaberg	bundaberg.office@tmr.qld.gov.au	Locked Bag 486 BUNDABERG QLD 4670
Downs South West	Roma	SouthWest.office@tmr.qld.gov.au	PO Box 126 ROMA QLD 4455
	Toowoomba/ Warwick	downsswr.office@tmr.qld.gov.au	Locked Bag 1 WARWICK QLD 4370
Central Queensland	Rockhampton	FitzroyDistrict@tmr.qld.gov.au	PO Box 5096 RED HILL ROCKHAMPTON QLD 4701
	Mackay	Mackay.office@tmr.qld.gov.au	PO Box 62 MACKAY QLD 4740
	Barcaldine	Barcaldine.office@tmr.qld.gov.au	PO Box 3 BARCALDINE QLD 4725
North Queensland	Townsville	engagement.northern@tmr.qld.gov.au	PO Box 1089 TOWNSVILLE QLD 4810
	Cairns	Cairns.office@tmr.qld.gov.au	PO Box 6185 CAIRNS QLD 4870
	Cloncurry	cloncurry.office@tmr.qld.gov.au	PO Box 338 CLONCURRY QLD 4824