

Request for Compensation

1. Contact details:				
Full name:				
Address:				
Phone:		Email:		
2. Incident information:				
Date:		Time:		
Location of incident:				
Incident details – please include as much information as relevant e.g. weather conditions, road conditions, witnesses and names of any Wannon Water employees you spoke to on site:				
Note: please provide evidence such as photographs, video and/or independent expert advice to support your request for compensation. This will help to reduce confusion and allow Wannon Water to assess your request for compensation.				
Evidence you provide should show the area prior to the incident and after the incident, clearly identifying the injury or damaged caused.				



3. Basis for seeking compensation from Wannon Water:				
<ul style="list-style-type: none"> • In any public liability claim the burden of providing proof of negligence rests with you as the person seeking compensation. • The information you provide will be assessed to determine whether you have established that Wannon Water was negligent. • To state that Wannon Water is liable because "it is a Wannon Water asset" is not sufficient evidence for your request for compensation to be accepted. You would need to provide evidence that Wannon Water knew, or ought to have known, that the asset was likely to cause the incident. <p>Having considered the above, please provide details of why you believe Wannon Water is liable to pay compensation:</p>				
4. Compensation sought				
Please provide details of the compensation sought (e.g. please remove clay from nature strip and replace with quality topsoil, seed and water):				
Amount:	\$	Is the total GST inclusive?	Yes	No
5. Insurance details				
Have you claimed against your insurer?		Yes	No	
If yes, please provide the following information:				
Insurance provider:				
Claim/policy number:				
Contact at insurance provider:				
Contact number for insurance provider:				

5. Important information			
<p>Privacy statement</p> <p>Wannon Water is committed to protecting personal information provided by you in accordance with the principles of the Victorian privacy laws. The information you provide will be used to assess your request for compensation and will generally be made available to employees/contractors to allow your request for compensation to be assessed. If all of the requested information is not provided, Wannon Water will be unable to process your request for compensation. You may access the information you have provided to Wannon Water by emailing us at info@wannonwater.com.au.</p> <p>Disclaimer</p> <p>Completion and acceptance of this request for compensation form does not represent an admission of liability on the part of Wannon Water and/or our insurers. Your request for compensation will be subject to investigation. Findings will be assessed on their own merits and in accordance with statutory and common law principles. It can take some time to collate all the relevant information before we are in a position to make an accurate decision on liability.</p>			
6. Statutory declaration			
1 (full name)			
<p>make the following statutory declaration under the <i>Oaths and Affirmations Act 2018</i>:</p> <ol style="list-style-type: none"> 1. All the information contained in this request for compensation is accurate to the best of my knowledge; and 2. I have, to the best of my knowledge and beliefs, disclosed all relevant information to Wannon Water and have not withheld any relevant information; and 3. Any attached quotation related to my request for compensation has been prepared for the sole purpose of repairing and damage directly resulting for the incident as described in this request for compensation. <p>I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.</p>			
Signature of person making the declaration:			
Declared at:		in the State of Victoria on:	
I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.			
Signature:		Date:	
Name:			
Capacity in which authorised person has authority to witness statutory declaration:			
Address:			