

Form | 250.2024.282.1

# Road Defect Incident Report

Governance Department  
Strategy Portfolio

Thank you for reporting an incident and/or claim to Snowy Monaro Shire Council. Council will undertake a comprehensive investigation and resolve this matter, as soon as possible.

If you are making a claim for alleged loss or damage arising from an incident, you are required to complete this form and provide Council with specific information to allow a proper assessment of this claim.

Completing and submitting this form is not an indication that Council will pay compensation for loss, damage or injury suffered. Please provide the following evidence in support of your claim, but not limited to:

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**Applicant/Owner**

Name/s			Phone (AH)
Postal Address			Phone (BH)
Town	State	Postcode	Mobile
Email			

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**Description of how the incident occurred**

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Description of how the incident occurred continued...

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Date and time of incident

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Exact location where incident occurred and photos of the defect must be attached.

Explanation as to why you believe Council's negligence was the cause of the incident.

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Name and contact details of any eyewitnesses.

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Description of loss and photos of loss must be attached.

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A copy of current registration certificate and drivers licence/s as proof of ownership and identity of driver must be attached.

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Amount claimed including receipts or minimum of two quotes must be attached to this form: Invoices and quotes will be rejected if a current registration number is not indicated on the document. Handwritten details **will not** be accepted.

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By completing this form, you will be providing 'personal information' as defined under the Information Privacy Act 2000. Snowy Monaro Regional Council is collecting personal information for the purposes of assessing your claim against the Council. The information will only be used for the purposes it was collected and will not be disclosed to any organisation other than Council's insurer or its representatives unless required by law.

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## Declaration

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I do solemnly and sincerely declare that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties for perjury.

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Applicant Signature	Date
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For further information or assistance on completing this form please contact Council.

**Mail:** PO Box 714 COOMA NSW 2630

**Phone:** 1300 345 345

**Email:** [council@snowymonaro.nsw.gov.au](mailto:council@snowymonaro.nsw.gov.au)

**Web:** snowymonaro.nsw.gov.au

OR

Hand into any Council office:

**Berridale**

2 Myack Street  
Berridale, NSW 2628

**Bombala**

71 Caveat Street  
Bombala, NSW 2632

**Jindabyne**

2/1 Gippsland Street  
Jindabyne, NSW 2627

**Note: it can take up to eight weeks for claims to be processed once accepted.**