**CLAIMANT TO COMPLETE ALL SECTIONS**

|  |
| --- |
| **Claimant details** |
| **Name:** |  |
| **Phone No.:** |  |
| **Email:** |  |
| **Postal address:** |  |
| **Incident details** |  |
| **Date and time of incident:** |  |
| **Who was driving at the time?** | [ ]  Claimant [ ]  Other – Please specify: |
| **Type of vehicle and rego no.:** |  |
| **Did the incident occur at road works / roadside works?** |  |
| **Name of road:** |  |
| **Specific location of incident:** Were there nearby landmarks, businesses or services? Which direction were you travelling / where were you headed?Was there machinery / trucks working onsite at the time? Contractor name? |  |
| **Cause / details of incident:**  |  |
| **Reasons why you believe you should be compensated:** |  |
| **Extent of damage:**Attach photos if possible. |  |
|  |  |
| **Date claim submitted:** |  |

Please email the completed form as a MS Word document to StateRoadsCorporateMail@stategrowth.tas.gov.au or post a hard copy to

Claims for Damage

State Roads Division

GPO Box 536

Hobart TAS 7001

**OFFICE USE ONLY**

* If claim relates to project site / resurfacing site, Section A applies
* If claim relates to general maintenance issue, Section B applies

***Section A***

**Project Manager or Resurfacing Manager** to complete details below;

|  |  |
| --- | --- |
| **Assessing Officer:** |  |
| **Contractor Name:** |  |
| **Contact Details:****(include contact person, telephone no. and/or email)** |  |

***Section B***

**Regional Team Leader** to complete details below if **contractor responsibility**

|  |  |
| --- | --- |
| **Assessing Officer:** |  |
| **Contractor Name:** |  |
| **Contact Details:****(include contact person, telephone no. and/or email)** |  |

**Regional Team Leader** to complete details below & send to Accounting Operations (Finance Branch) if **NOT contractor responsibility**

To: Accounting Operations

|  |  |
| --- | --- |
| **Assessing Officer:** |  |
| **Reason Claim not supported:** |  |