



Comhairle Contae Thiobraid Árann
Tipperary County Council

PUBLIC LIABILITY CLAIM

Notes on Completion of Form:

1. Please note that this form is for the purposes of providing the information required to allow Tipperary County Council to investigate your claim. **It is not an admission of any liability.** You will be advised in due course of the outcome of your claim.
2. All fields on the form should be completed. Where particular information requested is not applicable please write “Not Applicable” or “N/A” in the relevant field. Incomplete forms or forms which are not accompanied by the required supporting documentation will be returned.
3. While we will endeavour to respond to you as soon as possible it should be noted that dealing with claims may entail input from a number of Sections of the Council and our insurers and this may take some time.
4. Queries can be raised with Corporate Services – Tel: 0761 06 5000

Particulars of Claimant:

Full Name:

Address:

Telephone No:

Where Incident relates to a Motor Vehicle:

Vehicle Registration No:

Date of N.C.T.

Taxed to:

Insured to:

Particulars of Incident:

**Townsland where Incident
occurred:**

Road Number

(where applicable)

Were there any witnesses?

If so please provide details:

Date of Incident: _____

Time of Incident: _____

**Description of Incident
and damage caused:** _____

Are the costs associated with the incident being claimed from any other source? **Yes/No**

If Yes please give details _____

Was the Incident reported? **Yes / No**

If Yes, who was Incident reported to? _____

Date Incident was reported? _____

Was Incident reported to Gardaí? **Yes / No**

If Yes, please give details of Garda and Garda Station etc: _____

Supporting Documentation:

Please attach the following documentation with this claim form:

- **Photographs of the precise incident location and a sketch/map which is dimensioned so that the location can be identified.
Please state date on which photographs were taken.**
- **Invoice to support the damages which you are claiming.**
- **A detailed description of the accident and nature of damage.**
- **Any other information which you think relevant to the claim.**
- **A copy of your Insurance and Tax Disc and a copy of your NCT certificate.**

I declare that the information given in this form is correct to the best of my knowledge

Signature:

Date:

Please be advised that claim forms submitted without the supporting documentation listed above will not be investigated and will be returned to you.

Claim Forms should be returned to:

Corporate Services, Tipperary County Council, Civic Office, Emmet Street, Clonmel, Co. Tipperary.