



DONEGAL COUNTY COUNCIL
COUNTY HOUSE, LIFFORD, CO. DONEGAL

Tel: 074 - 9172222 Fax: 074 - 9141205 www.donegal.ie

Form R4

PUBLIC LIABILITY CLAIM FORM

PARTICULARS OF CLAIMANT

1. Name: _____
2. Address: _____

3. Vehicle Registration No. _____
4. Amount of Vehicle Damage: _____

PARTICULARS OF ACCIDENT

5. Date: _____ Time: _____
6. Where did it happen? _____
7. Was the accident reported? _____
8. To whom? _____
9. Did a Garda take particulars? _____
If so, give his/her number/Station: _____
10. Witnesses: State names and addresses : _____

SUPPORTING DOCUMENTATION

Please attach the following documentation to this claim form:

- (i) Photographs of precise location of incident and/or a sketch/map dimensioned so that the location can be unambiguously identified.
- (ii) Invoice/Estimate in support of damages claimed.
- (iii) A detailed description of the accident and nature of damage.

DATE: _____ SIGNATURE: _____

Please note that all of the above information is required to enable Donegal County Council to investigate your complaints.

INCOMPLETE CLAIM FORMS CANNOT BE PROCESSED