

- This form should only be used when lodging a claim for policies issued from 1 July 2010 by the Home Building Compensation Fund (HBCF). HBCF was formerly known as the HWIF (Home Warranty Insurance Fund).
- References in this form to 'builder' and 'building work' include trade and other building contractors work.
- HBCF Insurance covers a homeowner (including subsequent purchasers) for loss or damage resulting from non-completion of residential building work and/or arising from a breach of a statutory warranty (e.g. defective work), because of a builder's (or trade contractor's) insolvency, death or disappearance. Cover is also available where a building contractor's licence is suspended due to non-compliance with a money order issued in favour of a homeowner by the NSW Civil and Administrative Tribunal (NCAT) or a Court.

Section 1 - Homeowner Details

Homeowner/s Name

Address where the building work that is subject of this claim **State** **Postcode**

Homeowner's Postal Address **State** **Postcode**

Phone: **Mobile:** **Email:**

Are you registered for GST purposes? No Yes **If yes what is your ABN?**

Are you entitled to claim an input tax credit on the amounts claimed? No Yes **If yes how much, 100% or other?**

Section 2 - Details of Insurance

Certificate of Insurance No. **Date of Issue** **Insurer** **Scheme Agent**

Section 3 Builder/ Owner-Builder Details

Name of the Builder/ Owner-Builder **Builder Licence/ Owner-Builder Permit No.**

Address of Builder/ Owner-Builder (if known) **State** **Postcode**

Contact details of Builder/ Owner-Builder

Email **Mobile Phone** **Business Phone**

1. Are you related to or do you have a personal relationship with the Builder/Owner-Builder/Developer? No Yes **If yes please provide nature of relationship and details**

2. Is the Builder or Owner-builder insolvent (bankrupt, in liquidation or under external administration)? No Yes **If yes, how and when did you become aware of the insolvency?**

If you have been officially notified of the insolvency, please provide a copy of the notice. [🔗](#)

3. Has the Builder*/ Owner-Builder died? No Yes **If yes, how and when did you become aware of the death?**

If you have been officially notified of the passing of the builder/owner-builder, provide a copy of the notice. [🔗](#)

4. Has the Builder/ Owner-Builder disappeared? No Yes **If yes, how & when did you become aware of the disappearance?**

5. What evidence do you have of their disappearance?*

[Redacted]

* Note: Where a homeowner is unable to locate the builder, a complaint should be lodged with [NSW Fair Trading](#) in the first instance. In the event that Fair Trading cannot find the builder, a letter will be provided to the homeowner stating that the builder is unable to be located. The letter should be attached to the claim form. More information is available at Fair Trading [website](#) or on 13 32 20.

6. What steps have you taken to locate the Builder/Owner-Builder?

[Redacted]

If you have been officially notified of the builder’s disappearance, please provide a copy of the notice. [🔗](#)

7. Has the builder’s licence been suspended for non-compliance with a money Order in favour of the homeowner by NCAT or a Court? No Yes

If yes, please provide details of the Order [Redacted]

What is the nature of your claim? (you may select more than one box)

- Non-commencement of work Defective design (if designed by builder)
- Non-completion of building work Alternative accommodation, removal & storage cost (reasonably and necessarily incurred)
- Defective building work Legal or other reasonable costs in seeking to recover compensation from the builder/ owner-builder

Other - please specify [Redacted]

8. Did you enter into a building contract with the builder? No Yes **If YES, go to No 9. If NO, go to Section 6**

9. What was the commencement date under the contract?

[Redacted]

10. Was the building contract terminated? No Yes **If yes, please provide evidence of the termination of the contract.** [🔗](#)

11. What was the completion date? (provide details e.g. completion / occupancy certificate or other evidence)

[Redacted]

12. If the residential building works are not complete, what is the date the builder last attended the site?

[Redacted]

13. What is the current stage of works?

[Redacted]

Section 4 - Details of the Building Contract

1. Were plans and specifications prepared for the residential building work? No Yes **If yes, please provide a full copy** [🔗](#)

2. Who supplied the plans and specifications? (builder/contractor, architect or your representative).

[Redacted]

3. Was the contract for residential building works in writing? No Yes **If yes, please provide a full copy** [🔗](#)

4. Please provide documentation of each agreed variation and deduction. [🔗](#)

Contract Price		
Variation 1		
Variation 2		
Variation 3		
Variation 4		
Variation 5		
Variation 6		
Variation 7		
Less Deductions		
Total Contract Sum		

Section 5 - Payments to Builder

1. Provide details of all payments made to the builder (evidence of payment is required e.g.: bank statement, receipts etc.) [🔗](#)

Date	Stage (deposit, slab etc.)	Cash/ Cheque/ Other	Amount Claimed
Total payments made to the Builder			

2. Is there a retention fund? No Yes **If yes, please provide details of the financial institution holding the fund, current balance, date and amount of each deposit and any withdrawal including who made each withdrawal.** [🔗](#)

3. Is there any money owing under the original contract? No Yes **If yes, provide the following details**

How much is owing? When was it due to be paid? Why was it not paid?

Section 6 - Property Purchase Details (if applicable)

1. What was the date of purchase? [Provide a full copy of the purchase contract](#) [🔗](#) 2. What was the purchase price? 3. When did you take possession of the property?

4. Did you obtain a pre-purchase inspection report? No Yes **If yes, please provide a full copy** [🔗](#)

5. Were you aware of any items of complaint in the residence prior to settlement of the purchase? No Yes **If yes, please provide details**

6. Do you have access to the plans and specifications? No Yes **If yes, please provide a copy** [🔗](#)

Section 7 - Complaints/ Claims

1. Have you previously notified the builder of complaints regarding loss or damage to the residential building work? **If yes, please provide dates of notification and details of the items of complaint. What further action have you taken in regard to each complaint?**

No Yes

2. Please provide a copy of correspondence entered into between you and the builder regarding the claim/ complaints. [🔗](#)

3. Complete the table below as best as you can with all items of claim, date first became aware, cause of defect and the estimated cost to rectify (attach an additional page if required).

Item	Date first became aware	Cause of defect	Estimated cost (if known)
Total amount being claimed			

4. Have you previously claimed under an insurance policy, contract performance agreement or any other such agreement in relation to the loss or damage to the residential building work the subject of the claim?

No Yes

If yes, please state when and provide details.

5. Please attach a copy of any consultant's report/s obtained in relation to the matter. (A consultant will be engaged by icare hbcf if a report is not available) [📎](#)

Section 8 - Other Proceedings

Have any proceedings been commenced or concluded in relation to the subject matter of this claim resulting in, or likely to result in settlement with the builder/contractor, an arbitration award, an award by a Tribunal or a judgement of any Court?

No Yes

If yes, please provide full details.

Section 9 - Privacy Statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation constituted under the *NSW Self Insurance Corporation Act 2004* (NSW) and is responsible for carrying on the business of providing insurance under the Home Building Compensation Fund (HBCF Insurance) for residential building work done in New South Wales which requires such insurance under the *Home Building Act 1989* (NSW). Insurance and Care NSW (icare) provides the services and facilities of the SICorp under the *State Insurance and Care Governance Act 2015*. For the purposes of this Privacy Statement, SICorp and icare together are **icare hbcf**.

icare hbcf is regulated by the *Privacy and Personal Information Protection Act 1998* (NSW) and is required to provide the following information to you in relation to your personal information.

Purpose of Collection:

icare hbcf through its agents, contractors and associated entities, collects and holds personal information (information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion and which relates to a natural living person) for the purpose of providing hbcf Insurance, including (without limitation):

- evaluating your claim;
- managing the risks associated with hbcf Insurance;
- providing, administering and managing hbcf insurance related services following acceptance of your claim form;
- investigating, and if covered, managing and processing claims made by you in relation to any policies of insurance by us; and
- seeking recovery of any amounts paid by **icare hbcf** under any policies of insurance.

icare hbcf and its agents, contractors and associated entities, collect and hold personal information in connection with the purpose listed above, through this form and also from other State or Federal government bodies, scheme agents, loss assessors, claims investigators, re-insurers, insurance companies, mailing houses, claims reference providers, trade credit reference sources, financial assessors, other service providers, legal and other professional advisers or any other third party with relevant information.

Examples of personal information include (without limitation):

- your claim history;
- your personal circumstances;
- your business and financial history and status;
- your personal and professional relationships;
- information about the property the subject of the claim;
- any other information about you, directly or indirectly relevant to the risk management undertaken by **icare hbcf**.

Disclosure and Collection:

icare hbcf (or its agents, contractors and associated entities) may disclose your personal information in connection with the purposes listed above or as otherwise authorised or required by law, to other State or Federal government bodies, our scheme agents, loss assessors, claims investigators, re-insurers, insurance companies, mailing houses, claims reference providers, other service providers, legal and other professional advisers or any other third party with relevant information.

Consequences if information is not provided:

Supply of the information sought in this form is not required by law, however, if you do not provide us with this information we will be unable to evaluate your claim under the hbcf Insurance. If the information is not provided, **icare hbcf** reserves the right to refuse to deal with any claim or request until the requested information is provided.

Access:

You can request access to, and correction of, your personal information by contacting the Privacy Contact Officer of our scheme agent, as stated on your Certificate of Insurance.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold about you such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

icare hbcf, GPO Box 4052 Sydney NSW 2001

Please lodge this form with the relevant Scheme Agent listed below.

The above address is provided in accordance with the *Privacy and Personal Information Protection Act 1998*. **DO NOT** send this form to the above address.

Section 10 - Declaration by Homeowner/ Claimant

This declaration must be signed by each of the claimants and/or all owners of the property.

I/We confirm that the details on this form are true and represent a fair and accurate representation of the affair(s) of the claimant(s). If any of the information disclosed in this form alters or materially changes, I/we will notify the scheme agent stated on the Certificate of Insurance immediately.

I/We acknowledge that icare hbcf or its agent, may seek additional information from me/us or any third party as required from time to time. I/We acknowledge that icare hbcf, or its agent, reserves the right to reject any claim.

I/We acknowledge that I/we have not negotiated or settled a claim, incurred any expenses without notifying icare hbcf's scheme agent, as stated on the Certificate of Insurance, in writing.

I/We have read and understood the Privacy Statement section in this claim form.

For personal applicants:

I consent to icare hbcf or its agents, contractors and/or associated entities collecting, using and disclosing my personal information in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

For all applicants:

If I have disclosed personal information in this form about any other person, I confirm that I am authorised to disclose this information to icare hbcf, its agents, contractors and/or associated entities and to consent (and do consent) on that person's behalf to collection, use and disclosure of this and other personal information about them in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

Declared by Claimant 1

Signature

Date

Declared by Claimant 2

Signature

Date

CLAIM FORM CHECKLIST

Please ensure all appropriate boxes are marked to indicate that you included the details and supporting documents to this application for successful lodgement.

1. For claims where you contracted with the builder/contractor:

A complete copy of the Contract relating to the building work, which is the subject of the claim

A copy of your Certificate of Insurance

A complete copy of the Plans and Specifications relating to the building work

A complete copy of the conditions of approval as specified by your approving authority

A copy of all certificates issued in relation to the construction of the dwelling

Copies of all documents evidencing agreed variations or deductions

Proof of payments made under the original contract (receipts, letter from the bank etc.)

Proof of evidence for termination of contract (if applicable)

A copy of judgements relating to claim items by a Tribunal or Court

A copy of Building Consultant's report you have obtained in relation to the matter

A copy of correspondence entered into between you and the builder or owner-builder regarding the matter

2. For claims where you purchased the residence and the subject of the claim:

Evidence of ownership (e.g. Council Rates Notice)

A copy of the Certificates of Insurance for the subject property

A complete copy of the Contract for Sale of Land through which you purchased the residence

A complete copy of pre-purchase inspection report or the like, obtained prior to the purchase of the property

A copy of judgements relating to this matter by Tribunal or Court

A copy of Building Consultant's report you have obtained in relation to the matter

A copy of correspondence entered into between you and the builder or owner-builder regarding the matter.

The completed form should be forwarded to:

Gallagher Bassett Services Pty Ltd

Locked Bag 912, North Sydney NSW 2060

Telephone: (02) 9464 7270

Email: builderswarrantyclaims@gbtpa.com.au