

DOMESTIC BUILDING INSURANCE (DBI) - BUILDERS WARRANTY CLAIM FORM – AUSTRALIA DEFECTS/NON-COMPLETION RESIDENTIAL BUILDING WORKS



Important Information

Please read this page first

When to use this claim form?

This claim form should be used by homeowners when the builder has died, disappeared or is insolvent where Assetinsure Pty Ltd is the insurer.

Making a claim

To help us process your claim quickly and accurately, please ensure that you:

- Tell us everything that you know about the claim.
- Answer all questions honestly.
- Assist us with any investigations or enquiries we need to make. This includes giving us, our nominated builder and your builder access to inspect, rectify or complete the work (unless you have reasonable grounds to refuse access).
- Do not make any admissions, offer, promise or payment in connection with the claim.
- Keep us informed about any information that changes after you have submitted this claim.

Subrogation – Recovery from Others

- If we pay a claim your rights to claim against another party will be transferred to us. We are entitled to recover against any other party (including your builder, contractor, kit home supplier, or liquidator or administrator of their estate) for the amount paid by us.
- You must not limit or exclude your rights against a party from whom you might otherwise be able to recover in respect of your loss or damage. If you do, our liability to you is reduced to the extent that we can no longer recover from that other party as a result of your actions.

How to lodge this claim:
Please Telephone: 02 9251 8055
Email: claims@assetinsure.com.au
www.assetinsure.com.au

If there is insufficient space in this form to support your claim please attach additional information or add free form text on Page 15.

Once you have completed this form please PRINT the form (button at the end of the document), sign the form and return to us via email or post with ALL supporting material for the claim. If you submit an incomplete form it could delay the processing time of your claim.

Authority to act

If you want another person to act on your behalf you must complete the authority to act section of this form on [Page 14](#).

Privacy

The information collected in this form will be used to assess your insurance claim and to provide other insurance services in accordance with our Privacy Policy. We may share your information with third parties, both in Australia or overseas, as defined in our Privacy Policy in connection with providing these services. If you do not complete this form in full we may not be able to pay your claim.

In accordance with our Privacy Policy you may access any information we hold about you. If you would like to contact us about Privacy or would like to obtain a copy of our Privacy Policy you can use one of the following means.

Online at:
www.assetinsure.com.au/assetinsure-of-interest/key-policies/
By phone on: 02 8274 2898
By email to: privacy@assetinsure.com.au
By letter to the Privacy Manager at: Assetinsure, 21/45 Clarence Street, Sydney, NSW 2000

In signing this form you expressly consent to us using your personal information in accordance with our Privacy Policy.

GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC.

Definitions:

"Insolvent":

- (a) in the case of a sole trader or partnership, insolvent under administration as that expression is defined in the Corporations Act 2001;
- (b) in the case of a company, subject to external administration under the Corporations Act 2001.

"Disappeared":

Unable to be found after due search and inquiry.



Please Answer All Questions Below.

Section A – Home Owners Details

Policy/Certificate Number

Policy/Certificate Issue Date

Names of owners of property (please list all)

Owner (1) Salutation: First Name: Surname:

Owner (2) Salutation: First Name: Surname:

Owner (3) Salutation: First Name: Surname:

Address where works were carried out:

Address Line1

Address Line 2

Suburb: State: Postcode:

Postal Address (if different to above):

Address Line1

Address Line 2

Suburb: State: Postcode:

Email:

Telephone (H): (W):

Mobile:

Preferred Method of Contact? Post / Phone /Email?

Are you registered for GST purposes? No Yes

If Yes,

Please provide ABN

Have you claimed, or are you entitled to claim or input tax credit (ITC) in respect of the GST paid on the insurance policy under which this claim is made? No Yes

If Yes, % entitlement to an Input Tax Credit %



Section B –Builder

Builders Name:

Salutation: First Name: Surname:

Builder Trading Name:

Builder's Registration No.:

Builders Address:

Address Line1

Address Line 2

Suburb: State: Postcode:

Email:

Telephone (H): (W):

Mobile:

Section C – Builder Status

Is the Builder:

Insolvent? (bankrupt, in liquidation or administration)?

When did you become aware?

Deceased? Yes No Date Of Death:

When did you become aware?

Disappeared? Yes No When did you become aware?

Deregistered? Yes No When did you become aware?

Please provide evidence about the status of the Builder/Company.

ie: if the builder has disappeared, list the steps have you taken to locate them.

If the builder is insolvent please attach all notices you have received from the trustee, liquidator or administrator.



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

Defective building work

Non-Completion of the building work

Non commencement of the building work

Alternative accommodation, removal and storage costs

Have you previously notified the builder of the defects or incomplete works you are claiming?

YES NO

If Yes,

- When did you notify the builder?
- Please provide copies of your correspondence to the builder including any reports you provided to the builder
- Please provide copies of all responses from the builder to your claimed items / complaints

Prior Legal Proceedings

Have any proceedings been commenced or concluded in VCAT or another court against the builder or anyone else involved in the work in relation to the subject matter of your claim (either by you or a previous owner)? YES NO

If Yes, please provide details including any order/ judgment obtained:

Prior Claims

Have you or a previous owner (that you are aware of) previously claimed under this or any other insurance policy in relation to the loss or damage the subject of this claim, including any home and contents policy or plumbers insurance policy? YES NO

If Yes, please provide details about the previous claim:

Compensation

Have you or a previous owner received compensation from the builder, developer or anyone else in relation to subject matter of this claim? YES NO

If Yes, please provide details:



Section D - Non-Completion Claim

1. Have the building works started? YES NO

If Yes, when did they commence?

2. Were plans and specifications prepared for the work? YES NO

If Yes, who supplied the plans and specifications (the builder or you)?

If Yes, please provide the details of the architect as well as the architectural drawings and all council documentation

3. What was the contract price at the time the contract was entered into? \$

4. If you entered into any arrangement with the builder separately to the contract for payments to be made to the builder for the work to be performed under the contract, please provide details of the arrangement, including the amounts paid to the builder:

5. Was the contract price varied at any time prior to the works ceasing? YES NO

If Yes, please provide a detailed list of variations to the original contract including variations that increased the contract price or that decreased the contract price.

Variation date and number	Description of work varied	Increase / decrease to contract price
<i>Eg: Variation 1-10 January 2018</i>	<i>Eg. Delete marble splashback and replace with glass splashback</i>	<i>\$500.00</i>



Variations continued from previous page.

Variation date and number	Description of work varied	Increase / decrease to contract price

6. Please list all payments made to the builder

Date and description	Stage of works reached	Amount paid	Method of payment (Cash, EFT, Cheque)
<i>Eg: 20 February 2019</i>	<i>Deposit</i>	<i>\$10500.00</i>	<i>EFT</i>



7. How much of the funds do you have retained? \$

8. Was the building contract terminated? YES NO

If Yes, please attach evidence of the termination of the contract.

9. What is the date the builder last attended the site?

10. What is the current stage of works?

11. If you are building more than one individual homes / units at the site (whether under one building contract or separate contracts and whether with different builders or the same builder), do you intend to reside in any of the homes / units once completed? YES NO

If Yes, please provide details and evidence:

Required documentation

In order for the Insurer to assess your claim all of the following documentation needs to accompany your claim form:

- Proof of ownership
- Building Contract
- Plans
- Specifications
- Variations
- Invoices / progress payment claims
- Evidence of all payments made
- Building Surveyor certificates of certification



Section E – Defects Claim

Please complete this section if your claim is for defects

1. When were the building works completed?

Please provide a copy of the occupancy permit or, if not issued, the certificate of final inspection of the work.

2. Did the builder carry out all of the works that resulted in the defects you are claiming? Yes or No

(If No, please provide details of any other builders who performed the work)

3. Are you the Original Owner or a Subsequent owner of the Property?

Original YES NO Go to question Q4

Subsequent YES NO Go to question Q5

4. Original Owner

Were plans and specifications prepared for the work? YES NO

If Yes, who supplied the plans and specifications (the builder or you)?

If Yes, please provide the details of the architect as well as the architectural drawings and all council documentation:

5. Subsequent Owner

When did you enter into the sale of land contract?

Did you purchase the property "off the plan"? Yes No

What was the purchase price?

When did you complete the purchase / take possession of the property?

Was a pre-purchase inspection report obtained? YES NO

If Yes, please provide details about the pre-purchase inspection report and provide a copy if available.



6. Were any of the items claimed known to you prior to entering into the contract of sale for the property? YES NO

If Yes, please provide details

7. Did you receive a reduction in the purchase price based on the items identified? YES NO

If Yes, please specify the amount of the reduction

All owners (original and subsequent)

Have you, the builder, developer or anyone else attempted rectification of any of the items claimed?

YES NO

If Yes, please provide details of the work you or the builder did to rectify the items claimed in the table below.



List of defects being claimed

Please itemise all defects you are claiming in the table below.

Please provide details of any work you (including anyone on your behalf) the builder or anyone else has done to attempt to rectify the items claimed, whether those attempts were successful or not.

If you are relying on an independent report or other correspondence to stipulate your defect claim, please refer to the specific name and date of the report or correspondence you are relying on in the table below.

Failure to itemise specific defects in writing may prejudice your claim.

PLEASE SUBMIT A SEPARATE ITEMISED DEFECT LIST PER UNIT FOR MULTI DWELLINGS

	Defect	Location	Date First Noticed	Details of any attempts to rectify the defect
1				
2				
3				
4				
5				
6				
7				



Defects continued from previous page.

	Defect	Location	Date First Noticed	Details of any attempts to rectify the defect
8				
9				
10				
11				
12				
13				
14				
15				

If there are insufficient boxes to detail all defects on this form please attach to this claims form on a separate sheet.



Required documentation

In order for us to assess your claim all of the following documentation needs to accompany your claim form:

- Proof of ownership (e.g. copy of Council Rate notice)
- Building Contract (Original Owner)
- Plans (Original Owner)
- Specifications (Original Owner)
- Variations (Original Owner)
- Building inspection reports
- Pre-purchase inspection reports
- Occupation Certificate/Certificate of Completion
- Correspondence with builder, developer or any other entity involved with the building works.

Subsequent Owner of Property – additional information

If you are a subsequent purchaser of the property you also need to provide the following documentation (please tick all that you are including with this claim form):

- Copy of Contract of Sale;
- Proof of Ownership (e.g. copy of Council Rate notice);
- Copies of all condition reports provided to you in relation to the property either before or during the purchase;
- Copies of all correspondence between you, the vendors and the builder in relation to defects in the property either before, during or after purchase;
- Copies of any quotations for rectification works provided to you in relation to defects in the property either before, during or after purchase;
- Particulars of any discount negotiated on the purchase price on account of defects in the property.....



DECLARATION

This declaration must be signed by ALL owners of the property.

I/We have understood the terms of the policy.

I/We confirm that the details on this claim form are true, correct and represent a fair and accurate representation of the facts surrounding the claim.

I/We acknowledge that the insurer reserves the right to seek additional information from me/us as required from time to time in order to deal with the claim.

I/We have provided all the information we have on the matter.

I/We confirm that the any of the undersigned have the authority to settle this claim in full.

I/We consent to:

- a) Assetinsure sharing the information enclosed with various parties for the purpose of determining the claim; and
- b) Assetinsure to obtain information from other parties relating to this claim.

Declared by all Claimants/Owners of the property

Owner 1:

Signed:

Date:

Please print your full name:

Owner 2:

Signed:

Date:

Please print your full name:

Owner 3:

Signed:

Date:

Please print your full name:



AUTHORITY FOR THIRD PARTY TO ACT ON BEHALF OF CLAIMANT:

Please complete this section if you (the claimant) want to authorise a person who is not your legal guardian or legal representative to deal with us on your behalf in the management of your claim

I (name of claimant)

of (address of claimant)

Authorise

(name authorised person)

of (address of authorised person)

to act on my behalf in all dealings with Assetinsure Pty Ltd in relation to the management of my claim

Under Policy Number:

Signed: (signature of claimant)

Date:



Additional supporting information please add here or attach separately to this form.