

# Calliden

## Builders Warranty Claim Form



### Privacy Statement

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Calliden is committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

Calliden required personal information about you to assess your request for insurance and to administer your policy, and also to notify you about other Calliden services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- Our own staff and contracted staff
- Claims adjusters, lawyers and other appointed by us or on behalf of us for claim handling purposes; and
- Our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia)

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your policy, or you may breach your Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you.

### GST and Insurance Requirements

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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.

The amount that we are liable to pay under this policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are liable to pay an excess under this policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the excess.

### Disputes Resolution

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At Calliden we strive to make our customers happy. However, complaints do occur and when they do we try and resolve them as quickly and easily as possible.

Contact us:

Call 1300 785 544 and we will try and resolve your complaint straight away. If we can not, we will ask you to put your complaint in writing.

You can write to us at:

E-mail: [customerservice@calliden.com.au](mailto:customerservice@calliden.com.au)

Fax: 02 9551 1155

Address: Suite 1, Level 3, Building B, 207 Pacific Highway, St Leonards NSW 2065

Policy No \_\_\_\_\_ Claim Number \_\_\_\_\_

**Section 1** **Owner Details**

Name of all current owners (from property title) \_\_\_\_\_

Dwelling address \_\_\_\_\_

Postal address: (if different from above) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you entitled to claim Input Tax Credits with regards to the subject matter of this claim? Yes  No

If yes, please provide ABN Number and percentage entitlement to an input tax credit for the subject matter of this claim: \_\_\_\_\_ %

ABN: \_\_\_\_\_

What is your percentage entitlement to an input tax credit for the GST payable on the premium for this policy? \_\_\_\_\_ %

**Section 2** **Builder Details**

Name of Builder/Owner Builder: \_\_\_\_\_

Registration/Licence Number \_\_\_\_\_

Builders Current Address: \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Section 3** **Claim Type**

**1. Insolvency**

Is the builder insolvent/bankrupt/in external administration? Yes  No

If yes, please provide details: \_\_\_\_\_

How and when did you become aware of the builders financial situation? Please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Section 3</b>	<b>Claim Type (cont'd)</b>
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Have you been officially notified of the builder's financial situation? If so, please provide a copy of the notice if official notification of insolvency provided. Yes  No

**2. Deceased Builder**

Has the builder died? Yes  No

If yes, please provide details:

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How and when did you become aware of the builders death? Please provide details:

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Have you received any formal notification? Yes  No

Please provide a copy of any notice received.

**3. Disappearance**

Has the builder disappeared? Yes  No

How and when did you become aware of the builder's disappearance?

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What evidence do you have that the builder has disappeared? Please provide details.

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What measures have you taken to locate the builder? Please provide details.

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<b>Section 4</b>	<b>Contract Issues - Original Owner</b>
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Has the building work started? Date started:        /    /        Yes  No

Has the building work been completed? Date completed:    /    /        Yes  No

Has a certificate of occupancy or completion been issued? Date issued:        /    /        Yes  No

Did the builder design the work in the building work contract? Yes  No

If no, who did design the building? \_\_\_\_\_

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**Section 4**

**Contract Issues - Original Owner (cont'd)**

Did you design the work in the building work contract? Yes  No

Are you a developer of the work in the building work contract? Yes  No

Are you a related company to the builder or developer in the building work contract? Yes  No

Please provide details. \_\_\_\_\_

\_\_\_\_\_

Have you paid all monies due as per the contract of all work done to date, including any variations and/or extras? Yes  No

Amount unpaid? \$ \_\_\_\_\_

Have you paid any amounts in advance of the amounts called for as identified in the building work contract? Yes  No

Please provide details of over payment; \_\_\_\_\_

\_\_\_\_\_

Stage of work completed: \_\_\_\_\_

Stage of work paid for: \_\_\_\_\_

Total payments made: \$ \_\_\_\_\_

Do you possess any building or consultants reports to substantiate your claim? Yes  No

Please provide details \_\_\_\_\_

\_\_\_\_\_

Are any of the claimed items part of the variations of the work in the building work contract? Yes  No

Please provide details. \_\_\_\_\_

\_\_\_\_\_

Have you terminated the building work contract? Date terminated / / Yes  No

**Section 5**

**Contract Issues - Subsequent Owner**

If you purchased the completed dwelling, were you aware of any defect/s prior to or during the purchase process? Yes  No

Please provide details \_\_\_\_\_

\_\_\_\_\_

Was a pre-purchase inspection report obtained? If yes, please provide a copy of the report. Yes  No

Was the vendor an owner builder? If yes, please provide a copy of the Owner Builder Report Yes  No

When did you first become aware of the defects? Please provide details.

\_\_\_\_\_

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\_\_\_\_\_

**Section 6**

**Contract Issues - General**

Has the defect/s deteriorated since you first became aware of its existence? Yes  No

If yes, please provide details.

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Did you take reasonable and timely steps to minimise the damage? Yes  No

If yes, please provide details.

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Are you aware of any past or current court or legal actions concerning the dwelling? Yes  No

If yes, please attach all relevant documentation and list of full details.

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Have any complaints been previously lodged or claims made in relation to the building work? Yes  No

If yes, please provide details.

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Were any of the items of the claim known to you before the date of completion of the work in the building work contract or when you purchased the dwelling or before you purchased the completed dwelling? Yes  No

If yes, please provide details.

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Are you represented by a solicitor? If yes, please provide details. Yes  No

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Are you the builder named in the building work contract? Yes  No



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## Declaration

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I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Calliden Limited using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Calliden may not be able to process my claim.

I consent to Calliden disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Calliden also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors

Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature \_\_\_\_\_ Date            /        /

Please indicate the number of additional pages attached to this claim form: \_\_\_\_\_

### Documentation to be submitted with this claim

Original Owner	Subsequent Owner
<input type="checkbox"/> Copy of Certificate of Insurance	<input type="checkbox"/> Copy of Certificate of Insurance
<input type="checkbox"/> Copy of Certificate of Title of the Property	<input type="checkbox"/> Copy of Certificate of Title for the property
<input type="checkbox"/> Copy of dated and signed Building Warranty Contract applicable to the works	<input type="checkbox"/> Copy of the Purchase Contract
<input type="checkbox"/> Copy of the written agreed Variations to the Building Works Contract	<input type="checkbox"/> Copy of Owner Builder application and Defect Report if applicable
<input type="checkbox"/> Copy of Building Specifications and Schedule for the works	<input type="checkbox"/> Copy of the pre-Purchase Inspection Report
<input type="checkbox"/> Copy of all Certified Building Permit Drawings	
<input type="checkbox"/> Copy of all Building Inspection Reports issued by the permit authority	
<input type="checkbox"/> Copy of Certificate of Completion or Certificate of Occupancy issued by the permit authority	
<input type="checkbox"/> Copy of all documentary evidence of payments made to the builder	
<input type="checkbox"/> Copy of any bank authorisation of progress payments	
<input type="checkbox"/> Copy of any Defects List prepared and provided to the builder	