

# Owner Builders Warranty Claim Form

## 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:

[http://www.assetinsure.com.au/ssl/cms/files/cms/AIP\\_rivacyPolicy.pdf](http://www.assetinsure.com.au/ssl/cms/files/cms/AIP_rivacyPolicy.pdf)

By phone on: 02 8274 2898

By email to: [privacy@assetinsure.com.au](mailto:privacy@assetinsure.com.au)

By letter to the Privacy Manager at: Assetinsure, 44 Pitt 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.

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.

## Dispute Resolution Process

Assetinsure provides an internal claims and dispute resolution process should a dispute or complaint occur. This process is outlined on our website [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp). For details contact Assetinsure's Compliance Manager at Assetinsure Pty Ltd, 44 Pitt Street, Sydney 2000, by email on [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or by calling (02) 9251 8055

## GENERAL INSURANCE CODE OF PRACTICE

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

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/License 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:

**Section 3**

**Claim Type**

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

**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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**Section 4**

**Contract Issues - Original Owner**

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**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 minimize 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



**CLAIM DETAILS**

Item Number	Date First Item Noticed	Briefly describe each item of your claim

## ----- Declaration -----

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 Assetinsure Pty Ltd 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, Assetinsure may not be able to process my claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Assetinsure 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 authorization of progress payments	
<input type="checkbox"/> Copy of any Defects List prepared and provided to the builder	