

Calliden

Builders Warranty Claim Form

Privacy

Calliden respects your privacy and operates at all times in accordance with its privacy policy. This privacy notification provides a summary of how Calliden treats your privacy, and it is recommended that you read the policy in conjunction with this notice.

Calliden collects personal information to assess your request for insurance, to administer your policy, provide other insurance services as requested by you, and also to notify you about other Calliden services or promotions from time to time. At the time of collecting your information we will inform you of the purpose for the collection and the consequences if you choose not to provide the information.

In order to provide its insurance services Calliden may need to share your information with third parties including your agent or broker and Calliden's reinsurers and claims providers (for a full list see Calliden's privacy policy).

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

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

How You Can Resolve Your Complaint That You Have With Us

If you would like to make a complaint, we will do everything we can to try to resolve it as quickly and fairly as possible. The following paragraphs provide details on how you can lodge your complaint and how Calliden will try to resolve it.

You may contact us at any time if you are dissatisfied with any matter relating to your insurance with Calliden, including:

- our decision on your claim;
- our handling of your claim;
- the service of our representatives, assessors, loss adjusters or investigators; and
- your insurance Policy.

Contact Us

If you have a complaint regarding your claim, please contact your claims consultant.

If you have a complaint regarding your insurance Policy, please contact us on 02 9551 1111 and we will try to resolve your complaint straight away.

You can write to Calliden:

- Fax: 02 9551 1155
- Address: PO Box 348, Milsons Point NSW 1565

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:

Section 3

Claim Type (cont'd)

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:

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

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?

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

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

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? _____

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:

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:

Did you take reasonable and timely steps to minimise the damage?

Yes No

If yes, please provide details:

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.:

Have any complaints been previously lodged or claims made in relation to the building work?

Yes No

If yes, please provide details;

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;

Are you represented by a solicitor? If yes, please provide details:

Yes No

Are you the builder named in the building work contract?

Yes No

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 Calliden Insurance 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	