Home Warranty Insurance Fund

HOME WARRANTY INSURANCE – LOSS NOTIFICATION FORM (FOR POLICIES ISSUED AFTER 30 JUNE 2010)

- **This form should be only completed for notification of a loss under a Contract of Home Warranty Insurance (policy) issued after 30 June 2010.**
- **Enquiries concerning a notification of a loss under home warranty insurance policies issued before 1 July 2010 should be directed to the insurer that issued the policy. Contact details for former home warranty insurers can be accessed at www.fairtrading.nsw.gov.au.**
- **The completed form should be lodged with the Insurance Agent that issued the home warranty insurance policy.**
- **For notification of a loss under policies issued by Vero Insurance Limited between 1 July 2010 and 30 September 2010 please contact the Home Warranty Insurance Fund (homewarranty@treasury.nsw.gov.au - www.homewarranty.nsw.gov.au) for advice regarding the Insurance Agent to whom your notification should be submitted.**
- **References in this form to 'builder' and 'building work' include trade and other building contractors/work.**
- **Please attach a copy of the Certificate of Insurance.**

Section 1 - Homeowner Details

Homeowner Name

Address of Residential Building Work that is the Subject of this Notification | State | Postcode

Homeowner's Postal Address (leave blank if same as above) | State | Postcode

Business Phone Number ( )

Mobile Phone Number

Facsimile Number ( )

Email Address

Section 2 - Details of Insurance

Certificate of Insurance Number

Date of Issue / /

Insurer SICorp / Home Warranty Insurance Fund

Insurance Agent

Use by Insurance Agent

 © State of New South Wales through NSW Self Insurance Corporation 2010.

Section 3 - Builder/Owner-Builder Details

Name of Builder/Owner-Builder

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

Builder's Licence Number/Owner-Builder Permit Number (if known)

Business Phone Number ( )

Mobile Phone Number

Facsimile Number ( )

Email Address

Section 4 - Reasons for Loss

Incomplete/non-commencement of work: No ☐ Yes ☐ ▶ If **Yes**, enter dates below

Contract Date / /

Work commencement date* / /

Date work ceased / /

Defective work: No ☐ Yes ☐ ▶ If **Yes**, date first noticed: / /

Brief description of each defect (attach further information if necessary)

** As provided for in the contract*

 © State of New South Wales through NSW Self Insurance Corporation 2010.

Section 5 - 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 home warranty insurance for building work done in New South Wales that requires such insurance under the *Home Building Act 1989* (NSW). SICorp 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

SICorp, through its agents, 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:

- evaluating and investigating your notification of a loss;
- providing advice in relation to any subsequent claim or other options; and
- providing, administering and managing any insurance services in connection with your notification of a loss.

SICorp and its agents, collect personal information in connection with the purposes listed above, through this application and also from other State or Federal government bodies, our insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, other service providers, legal and other professional advisers.

Examples of personal information include your claim history.

Disclosure and collection

SICorp or its agents 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 insurance agents, loss assessors, claims investigators, reinsurers, insurance companies, mailing houses, claims reference providers, other service providers, legal and other professional advisers.

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 act upon your notification of a loss.

Access

You can request access to, and correction of, your personal information by contacting the Privacy Contact Officer of our insurance 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.

NSW Self Insurance Corporation PO Box A2615, Sydney South, NSW 1235.

Section 6 - Notifier Declaration

[This declaration must be signed by you.]

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

I/We acknowledge that SICorp, or its agent, may seek additional information from me/us as required from time to time.

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

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

For personal notifiers

I consent to SICorp and its agents collecting, using and disclosing my personal information in accordance with the Privacy Statement.

For all notifiers

If I have disclosed personal information in this form about any other person, I confirm that I am authorised to disclose this information to SICorp and its agents 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.

Declared by Notifier Name		Declared by Notifier Name	
Signature	Date	Signature	Date
	/ /		/ /

 © State of New South Wales through NSW Self Insurance Corporation 2010.