

Only for policies issued from 1 July 2010

- This form should ONLY be completed to notify a loss under an Insurance Policy issued from 1 July 2010.
- References in this form to 'builder' and 'building work' include trade and other building contractors work.
- Past Approved Insurers for policies issued prior to 1 July 2010 can be found at www.fairtrading.nsw.gov.au.

Section 1 - Homeowner Details

Homeowner/s Name:

Address of residential building work that is the subject of this notification:

State: **Postcode**

Homeowner's postal address (if same as above, leave blank)

State: **Postcode**

Phone:

Mobile:

Email:

Section 2 - Details of Insurance Policy

Certificate of Insurance No.

Date of Issue:

Insurer

Home Building Compensation Fund

Scheme Agent:

Section 3 - Builder/ Owner-Builder Details

Name of the Builder/Owner-Builder

Builder Licence/Owner-Builder Permit No.

Address of Builder/Owner-Builder (if known)

State: **Postcode**

Phone:

Mobile:

Email:

Section 4 - Reason for Loss

Incomplete/Non-commencement of work:

No Yes

If yes please enter dates below

Contract date

Commencement date*
as provided for in the Contract

Date work ceased

Defective work: No Yes **if yes, date defects first noticed:**

Brief description of each defect (please attach supporting documents if necessary [🔗](#))

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 insurance under the Home Building Compensation Fund (HBCF Insurance) for residential building work done in New South Wales which requires such insurance under the [Home Building Act 1989](#) (NSW). Insurance and Care NSW (icare) provides the services and facilities of the SICorp under the [State Insurance and Care Governance Act 2015](#). For the purposes of this Privacy Statement, SICorp and icare together are **icare hbcf**.

icare hbcf 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, Storage and Use:

icare hbcf, through its agents, contractors and associated entities, collects, stores and uses personal 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 providing HBCF Insurance, including (without limitation):

- evaluating your notification and/or claim;
- managing the risks associated with HBCF Insurance;
- providing advice in relation to any subsequent claim or other options;
- providing, administering and managing insurance related services following acceptance of your notification;
- promotional and/or marketing activities;
- undertaking analytics, insights, machine learning or any activity of that nature (which may involve combining **icare hbcf** data with other datasets); and
- any purposes in connection with the provision of services and facilities by icare under section 10 of the [State Insurance and Care Governance Act 2015](#).

icare hbcf and its agents, contractors and associated entities collect personal information in connection with the purposes listed above, through this form and also from other State or Federal government bodies, our scheme agents, loss assessors, claims investigators, reinsurers, insurance companies, builders and tradespersons, developers, insurance brokers, mailing houses, claims reference providers, other service providers, legal and other professional advisers or any other third party with relevant information.

Examples of personal information include (without limitation):

- your claim history
- your personal circumstances;
- your business and financial history and status;
- your personal and professional relationships;
- information about the property the subject of the notification;
- any other information about you, directly or indirectly relevant to the risk management undertaken by **icare hbcf**.

Disclosure:

icare hbcf (or its agents contractors and associated entities) 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, scheme agents, loss assessors, claims investigators, reinsurers, insurance companies, builders and tradespersons, developers, insurance brokers, mailing houses, claims reference providers, other service providers, legal and other professional advisers or any other third party with relevant information.

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 notification of a loss or to deal with any claim under the HBCF Insurance. If the information is not provided, **icare hbcf** reserves the right to refuse to deal with any application or request until the requested information is provided.

Access:

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

icare hbcf, GPO Box 4052 Sydney NSW 2001

This address is provided in accordance with the [Privacy and Personal Information Protection Act 1998](#). DO NOT send this form to the above address – lodge the form with the Scheme Agent.

Section 6 - Notifier Declaration

This declaration must be signed by all parties notifying a loss.

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

I/We acknowledge that **icare hbcf**, or its agent, may seek additional information from me/us or any third party as required from time to time. I/We acknowledge that **icare hbcf**, or its agent, reserves the right to reject any claim.

I/We acknowledge that I/we have not negotiated or settled a claim, incurred any expenses without notifying **icare hbcf**'s scheme agent, as stated on the Certificate of Insurance, in writing. I/We have read and understood the Privacy Statement section in this notification form.

Declared by claimant 1

Signature

Date

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

For personal applicants:

I consent to **icare hbcf** (or its agents, contractors and/or associated entities) collecting, using and disclosing my personal information in accordance with the Privacy Statement and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

For all applicants:

If I have disclosed personal information in this form about any other person, I confirm that I am authorised to disclose this information to **icare hbcf** 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 and in any way it reasonably considers necessary or appropriate for the purpose of meeting its statutory and contractual obligations.

Declared by claimant 2

Signature

Date

The completed form should be forwarded to:

Gallagher Bassett Services Pty Ltd
Locked Bag 912, North Sydney NSW 2060
Telephone: (02) 9464 7270
Email: builderswarrantyclaims@gbtpa.com.au

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