

**The purpose of this form** is to provide icare HBCF with key information about your claim to streamline your assessment.

**Use this form if your builder has:**

- disappeared, as confirmed by Building Commission NSW (previously known as Office of Fair Trading);
- become insolvent and unable to complete the work;
- died before the completion of the work including defective work; or
- a suspended licence due to non-compliance with an order by NSW Civil and Administrative Tribunal (NCAT) or a court to pay you money.

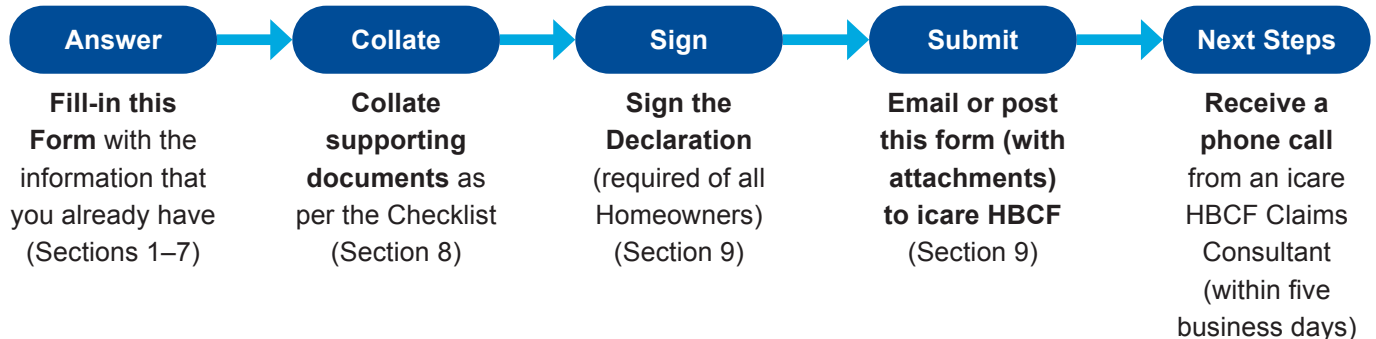
**Three ways to complete and submit this form:**

1. Fill it out using Adobe Acrobat Reader (free download at <https://get.adobe.com/uk/reader/>) and email;
2. Print, complete by hand, scan and email; or
3. Print, complete by hand and post.

**Please note:**

- When this form refers to 'builder', it also applies to a developer, tradesperson or any other building contractor.
- You can check if your home building compensation insurance is valid at **HBC Check**: <https://verify.licence.nsw.gov.au/home/HBCF>

## What you need to do to lodge a Claim



## Section 1: Policy Details

### 1a: What is the policy number on your HBCF certificate of insurance?

You can check if your home building compensation insurance is valid at **HBC Check**: <https://verify.licence.nsw.gov.au/home/HBCF> or contact HBCF Enquiries: (02) 8378 0560 or [enquiries.hbcf@icare.nsw.gov.au](mailto:enquiries.hbcf@icare.nsw.gov.au).

Policy number

HBCF

Policy Issue Date

☐

**I do not have a policy** (please be aware that this could impact your ability to claim).

## Section 2: Claimant (Homeowner) Details

### 2a: Who owns the home that is the subject of this claim?

Homeowner 1 First Name

Homeowner 1 Last Name

OR

Owners Strata Plan Number

Homeowner 1 Email

Homeowner 1 Mobile number

Homeowner 2 First Name

Homeowner 2 Last Name

Homeowner 2 Email

Homeowner 2 Mobile number

### 2b: What is the address of the home that is the subject of this claim?

Address/Lot Number

### 2c: Is the homeowner registered for Goods and Services Tax (GST)?

This usually applies if the homeowner is the developer, an owners' corporation or a registered company. Please check with your accountant if you are unsure.

☐

Yes

☐

No, Go to question 2d

Is the claimant entitled to an Input Tax Credit?

☐

Yes

☐

No, Go to question 2d

Australian Business Number (ABN)

Percentage of Input Tax Credit

%

### 2d: Who will be the contact person for this claim?

Please select one of the options below:

☐

**Homeowner (Claimant) 1.** Go to section 3.

☐

**Homeowner (Claimant) 2.** Go to section 3.

☐

**Strata manager**

☐

**Solicitor/Lawyer** (Please provide a letter from your Solicitor/Lawyer or complete the *icare HBCF Authority to Act form*, see link below).

☐

**Other third-party representative** (Please complete the *icare HBCF Authority to Act form* at <https://www.icare.nsw.gov.au/-/media/icare/unique-media/builders-and-homeowners/what-we-do/home-owners/media-files/files/download-module/hbcf-authority-to-act-form.pdf>).

If not a Homeowner, please provide:

First Name

Last Name

Business Name (if applicable)

Email

Mobile Number

Postal Address

### Section 3: Builder Details

#### 3a: Can you provide any details about the builder?

*Providing any one of the below will assist with your claim assessment.*

Building Licence Number

Australian Business Number (ABN)

Entity/Trading Name

#### 3b: Have any payments been made to the builder?

☐

Yes

☐

No, Go to question 3c

*Please list payments to the builder in the table below.*

Evidence (for example: bank statements) of payments will be required for your claim assessment.

Date of Payment <i>Example: 01/02/2024</i>	Building Stage <i>Examples: deposit and fees, first delivery of materials foundation completed, frames up, lock up</i>	Payment Amount

#### Is there a retention fund\*?

*\*A retention fund is a form of security provided by the builder to the homeowner. This money is held by the owner as a security for defective work or late completion.*

☐

Yes

☐

No, Go to question 3c

*Please attach a copy of the retention fund account statement showing current balance.*

### 3c: What is the builder's current trading situation?

Please select one of the five options below

1. ☐ **The builder is insolvent, bankrupt, in liquidation or under external administration**

How did you become aware of this?

Example: *I was advised by the liquidator.*

Have you obtained a money order awarded against the builder from NCAT or a court?

☐

Yes

☐

No

Money Order Date

Money Order Amount

2. ☐ **The builder has died**

How did you become aware of this?

Example: *I was advised by the developer.*

3. ☐ **The builder has disappeared**

How did you become aware of this?

Example: *Builder's business has been struck off/deregistered from the ASIC register.*

Have you received any documentation about the Builder's disappearance from the Building Commission NSW (previously Office of Fair Trading) or ASIC?

☐

Yes, I have attached a copy of documentation.

☐

No

4. ☐ **The builder has had their licence suspended.**

5. ☐ **I don't know the builder's current trading situation.**

## Section 4: Type of Claim

### 4a: What do you want to claim for?

Please check all options that apply.

☐

**Incomplete building work or non-commencement of building work.**

Did work commence?

☒

Yes

☐

No, Go to section 5

*What date did work commence? If you do not have an exact date, please estimate.*

*What date did work stop? If you do not have an exact date, please estimate.*

☐

**Defective building work.**

*What date were defects first noticed. If you do not have an exact date, please estimate.*

*Complete the table below as best as you can with all defect items that you want to claim. Attach an additional page if required.*

Date First Noticed Defect Example: 01/02/2024	Description of Defect Example: Leaking bathroom ceiling

☐

**Alternative accommodation.**

☐

**Removal and/or storage fees of home contents.**

☐

**Reasonable legal and other costs of pursuing the builder.**

## Section 5: Building Contract Details

### 5a: Did the homeowner enter into a written building contract with the builder?

☐

Yes

☐

No, Go to section 6

Original contract price	Commencement date on the building contract	Expected completion date of the building work	Expected move-in date (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the building contract terminated?

☐

Yes

☐

No, Go to question 5b

Termination date

### 5b: Were there any agreed variations or deductions to the contract with the builder?

☐

Yes

☐

No, Go to section 6

Please list Variations and/or Deductions in the below table and attach documented evidence. Attach additional Variations and/or Deductions on a separate page if necessary.

Variation Number	Description of Variations and/or Deductions <i>Example: Price increase for tiles.</i>	Cost
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$

## Section 6: Property Details

### 6a: Is the homeowner the subsequent owner of the property?

☐

Yes, the homeowner became the owner of the property after completion of the work performed by the builder.

☐

No, Go to section 7

Purchase date

Were there building defects known to you before your purchase?

☐

Yes

☐

No, Go to section 7

What date did you take possession of the property?

Do you have access to plans and specifications

☐

Yes

☐

No

Did the homeowner obtain a pre-purchase inspection report?

☐

Yes

☐

No

### 6b: Are you aware of any previous insurance claims made regarding loss or damage to the property?

☐

Yes

☐

No, Go to section 7

What type of claims were these?

☐

Home Building Compensation Fund (HBCF) Claim

☐

A contract performance guarantee (a contractor's promise to complete the project undertaken) claim.

☐

Other. Please fill out in table below:

Date of Claim <i>Example: 01/02/2024</i>	Description of Claim <i>Example: Roof replacement</i>

### 6c: Have you notified the builder of any previous claims regarding loss or damage to the property?

☐

Yes

☐

No

## Section 7: Proceedings and Settlements

**7a: Has the homeowner lodged a claim or commenced legal action (proceedings) with NCAT or a court in relation to the subject matter of this claim?**

☐

Yes

☐

No, Go to section 8

**Which of the following outcomes have been reached?:**

☐

**NCAT decision**

Date of decision

☐

**Court judgment**

Date of judgment

☐

**Settlement with the builder/contractor**

Date of settlement



## Section 8: Supporting Documents Checklist

To help us process your claim as quickly as possible please, check off the boxes below as you collate your supporting documentation. Include these documents in your claim application, if relevant to your claim.

### If you are a third-party representative of the homeowner:

- ☐ Authority to act on behalf of the homeowner (Please use the *icare HBCF Authority to Act form* at <https://www.icare.nsw.gov.au/-/media/icare/unique-media/builders-and-homeowners/what-we-do/home-owners/media-files/files/download-module/hbcf-authority-to-act-form.pdf>).

### For claims where the homeowner contracted the builder:

- |   |  |
|---|--|
| <input type="checkbox"/> A full copy of the most recent contract relating to the building work, which is the subject of the claim.  | <input type="checkbox"/> Proof of payments made under the original contract (for example: receipts, letter from the bank).             |
| <input type="checkbox"/> A copy of the HBCF Certificate of Insurance* for the subject property.   | <input type="checkbox"/> Evidence for termination of the building contract.  |
| <input type="checkbox"/> A copy of approved plans and specifications relating to the building work.   | <input type="checkbox"/> A copy of judgements or orders by NCAT or a court which relate to claim items.                                |
| <input type="checkbox"/> A complete copy of the development application conditions of new builds or renovations approval as specified by your approving authority (for example: flood zones, soil quality). | <input type="checkbox"/> Evidence of legal and professional services costs incurred in pursuit of the builder through NCAT or a court. |
| <input type="checkbox"/> A copy of all certificates issued in relation to the construction of the dwelling.   | <input type="checkbox"/> A copy of any expert building report obtained in relation to the matter.                                      |
| <input type="checkbox"/> Other, please describe:  | <input type="checkbox"/> A copy of correspondence between the homeowner and the builder or owner-builder regarding the matter.         |

Example: *Letter from the administrator.*

### For claims where the homeowner did not contract the builder (if the homeowner is a subsequent owner of the property):

- |   |  |
|---|--|
| <input type="checkbox"/> Evidence of property ownership (for example: title deed, council rates notice).                                | <input type="checkbox"/> A copy of judgements by NCAT or a court which relate to claim items.  |
| <input type="checkbox"/> A full copy of the most recent contract relating to the building work, which is the subject of the claim.      | <input type="checkbox"/> Evidence of legal and professional services costs incurred in pursuit of the builder through NCAT or a Court. |
| <input type="checkbox"/> A complete copy of pre-purchase inspection report or the like, obtained prior to the purchase of the property. | <input type="checkbox"/> A copy of the building consultant's report obtained in relation to the matter.                                |
| <input type="checkbox"/> A copy of the HBCF Certificate of Insurance* for the subject property.   | <input type="checkbox"/> A copy of correspondence between the homeowner and the builder or owner-builder regarding the matter.         |
| <input type="checkbox"/> Other, please describe:  |  |

\*You can check if your home building compensation insurance is valid at HBC Check: <https://verify.licence.nsw.gov.au/home/HBCF>, or contact HBCF Enquiries: (02) 8378 0560 or email [enquiries.hbcf@icare.nsw.gov.au](mailto:enquiries.hbcf@icare.nsw.gov.au).

## Section 9: Homeowner Declaration

**This declaration must be signed by each of the homeowners and/or all owners of the property.**

I/We confirm that the details on this form are true and represent a fair and accurate representation of the affair(s) of the homeowner(s) to the best of my/our knowledge.

If any of the information disclosed in this form alters or materially changes, I/we will notify icare HBCF 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 or incurred any expenses without notifying icare HBCF in writing.

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

I/We authorise icare HBCF to provide to the builder identified on this form (or its authorised representative) a copy of this form, the building contract which is the subject of this form and any HBCF Certificate of Insurance issued for the property which is the subject of this claim in

where icare HBCF otherwise considers it reasonably appropriate or necessary to do so and having regard to third party privacy rights.

### For personal applicants

I consent to icare HBCF or its agents, contractors and/or associated entities collecting, using and disclosing my personal information (for example, your business and financial history and status) 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, its agents, contractors and/or associated entities 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.

### All Homeowners to sign this Declaration

Homeowner 1 First Name

Homeowner 1 Last Name

☐ I confirm that I have read and understood the Privacy Statement (*located on the following page*).

Signature of Homeowner 1

Date of Signature

Homeowner 2 First Name

Homeowner 2 Last Name

☐ I confirm that I have read and understood the Privacy Statement (*located on the following page*).

Signature of Homeowner 2

Date of Signature

**Please send your completed and signed form and supporting documentation to:**

icare Home Building Compensation Fund (icare HBCF) GPO Box 4052, Sydney NSW 2001

**Telephone:** (02) 8378 0560 **Email:** [hbcfclaims@icare.nsw.gov.au](mailto:hbcfclaims@icare.nsw.gov.au)

## Section 10: Privacy Statement

NSW Self Insurance Corporation (SICorp) is a statutory corporation created 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* (NSW) (**SICG Act**). For the purposes of this Privacy Statement, SICorp and icare together are icare HBCF.

icare HBCF is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (**PPIP Act**) and provides the following statement to you in relation to your personal information.

### Purpose of collection, storage, and use

Personal information is 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.

icare HBCF, through its agents, contractors, and associated entities, collects, stores, and uses personal information for the purpose of providing HBCF insurance, including (without limitation):

- evaluating your claim;
- managing the risks associated with HBCF Insurance;
- providing, administering and managing HBCF Insurance related services following acceptance of your claim form;
- investigating, and if covered, managing and processing claims made by you in relation to any policies of insurance by us;
- seeking recovery of any amounts paid by icare HBCF under any policies of insurance;
- promotional and/or marketing activities;
- undertaking analytics or insights; and
- any purposes in connection with the provision of services and facilities by icare under section 10 of the SICG Act.

icare HBCF and its agents, contractors and associated entities, collect and hold personal information in connection with the purpose listed above, through this form and also from other State or Federal government bodies, scheme agents, loss assessors, claims investigators, re-insurers, insurance companies, builders and tradespersons, developers, insurance brokers, mailing houses, claims reference providers, trade credit reference sources, financial assessors, 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 claim;
- 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 its purpose or as otherwise authorised or required by law, to other State or Federal government bodies, our scheme agents, or any other relevant third party (as cited above).

### 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 evaluate your claim under the HBCF Insurance. If the information is not provided, icare HBCF reserves the right to refuse to deal with any claim or request until the requested information is provided.

### Access

You can request access to, and correction of, your personal information. In some circumstances we may not agree to allow you access to some or all 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.

Your privacy-related queries can be directed to the following:

**Postal:** icare HBCF, GPO Box 4052, Sydney NSW 2001

**Email:** [privacy@icare.nsw.gov.au](mailto:privacy@icare.nsw.gov.au)

The above address is provided in accordance with the PPIP Act.