

Home Building Compensation Fund (HBCF) Notification of Loss Form

The purpose of this form is to provide icare HBCF with key information about your loss in case you make a claim in the future.

Use this form if you believe that you may have a potential claim against your builder, to put icare HBCF on notice of any *Warning Signs* (see: <https://www.icare.nsw.gov.au/builders-and-homeowners/homeowners/what-we-do>) and preserve your right to make a delayed claim in the future.

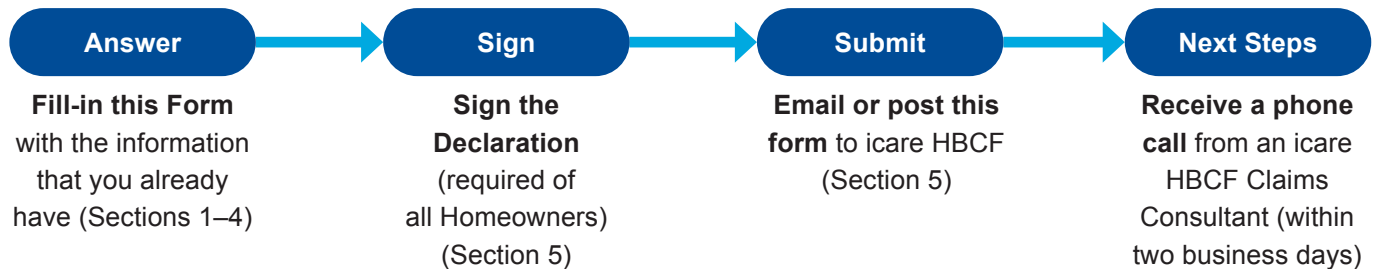
Three ways to complete and submit this form:

- Fill it out using Adobe Acrobat Reader (free download at <https://get.adobe.com/uk/reader/>) and email;
- Print, complete by hand, scan and email; or
- 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 notify icare HBCF of a loss



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.

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: Homeowner Details

2a: Who owns the home that is the subject of the loss?

Homeowner 1 First Name	Homeowner 1 Last Name	OR	Owners Strata Plan Number
<input type="text"/>	<input type="text"/>		<input type="text" value="SP"/>
Homeowner 1 Email	Homeowner 1 Mobile Number		
<input type="text"/>	<input type="text"/>		
Homeowner 2 First Name	Homeowner 2 Last Name		
<input type="text"/>	<input type="text"/>		
Homeowner 2 Email	Homeowner 2 Mobile Number		
<input type="text"/>	<input type="text"/>		

2b: What is the address of the home that is the subject of the loss?

Address/Lot Number

2c: 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
<input type="text"/>	<input type="text"/>
Business Name (if applicable)	
<input type="text"/>	
Email	Mobile Number
<input type="text"/>	<input type="text"/>
Postal Address	
<input type="text"/>	

Section 3: Type of Claim

3a: What loss do you want to notify of?

Please check all options that apply.

☐

Incomplete building work or non-commencement of building work.

Did work commence?

☐

Yes

☐

No, Go to section 4

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?

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

Section 4: Builder Details

4a: 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

Section 5: 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 notification of

loss 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 to:

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

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

Section 6: icare 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

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