

DEFECTS/NON-COMPLETION: RESIDENTIAL BUILDING WORKS

Please Answer All Questions Below.
Fields marked with an (*) are mandatory and need to be completed.

**Section A
Home Owners Details**

<p>1. Name*</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>2. Current Address*</p> <div style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>3. Site Address*</p> <div style="border: 1px solid black; height: 90px; width: 100%;"></div>	<p>4. Email*</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>5. Telephone (Home)*</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>6. Telephone (Work)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>7. Mobile</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. Fax</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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9. What is your preferred method of contact?*

Post
 Phone
 Fax
 Email

10. Policy/Certificate Number*

11. Policy/Certificate Issue Date*

D	D	M	M	Y	Y	Y	Y

**Section B
Insured Builder**

<p>1. Builders Name*</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>2. Builders Trading Name*</p> <div style="border: 1px solid black; height: 180px; width: 100%;"></div>	<p>3. Builders Address</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>4. Telephone (Home)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>5. Telephone (Work)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>6. Mobile</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**Section C
Builders Status**

1. Is the Builder*

Insolvent

Deceased

Disappeared

2. Type of Claim*

Defects

Non-Completion

3. Please provide evidence in regards to the status of the Builder/Company*

4. When did you become aware of the status of the builder*

5. Please attach evidence outlining your attempts to get a hold/Contact with the builder*

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Section D
Defects Claim
 Please complete this section if your claim is for defects

1. When were the building works completed*

D	D	M	M	Y	Y	Y	Y

2. Has there been a previous claim in regards to the builders workmanship in relation to this property*

Yes No

If yes, please provide details relating to the previous claim*

3. Are you the Original Owner or a Subsequent owner of the Property?*

- a. Original Go to question D4
 b. Subsequent Go to question D5

4. Original Owner

a) Did you design the property?*

Yes No

If yes, please provide the details of the architect as well as the architectural drawings and all council documentation*

b) Were any of the defective items known prior to the handover of the property?*

Yes No

5. Subsequent Owner

a) When were the building works completed*

D	D	M	M	Y	Y	Y	Y

b) Was a pre-purchase inspection report obtained?*

Yes No

If yes, please provide details relating to the pre-purchase inspection report *

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6. Please provide a detailed list of variations to the original contract*

c) Were any of the items claimed known to you prior to purchasing the property?*

Yes No

If yes, please provide details relating to the previous claim*

Required documentation

Providing the insurer with as much of the following documentation will assist in the processing of your claim.

Proof of ownership*

Building Contract (Original Owner)

Plans*

Specifications (Original Owner)

Variations (agreed and signed by all parties) (Original Owner)

Building inspection report

Pre-purchase inspection report

Occupation Certificate/Certificate of Completion

Correspondence with builder, developer or any other entity involved with the building works.

d) Did you receive a reduction in the purchase price based on the items identified?*

Yes No

Specify amount

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Section D					
Defects Claim					
Please complete this section if your claim is for defects					
	Defect	Location	Date First Noticed	Details of any deterioration	Mitigation Details
1					
2					
3					
4					
5					
6					
7					
8					
9					

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10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

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**Section E
Non-Completion Claim**

1. Have the building works started?*

Yes

No

If yes when?*

D	D	M	M	Y	Y	Y	Y

2. Did you design the property?*

Yes

No

If yes please provide the details of the architect as well as the architectural drawings and all council documentation*

3. Please provide a detailed list of variations to the original contract*

How much of the contract price have you paid to the builder?*

How much of the funds do you have retained?*

Required documentation

Providing the insurer with as much of the following documentation will assist in the processing of your claim.

Proof of ownership*

Building Contract

Plans*

Specifications

Variations (agreed and signed by all parties)

Evidence of all payments

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I/We have understood the terms of the policy.

I/We confirm that the details on this claim form are true and represent a fair and accurate representation of the facts surrounding the claim.

I/We acknowledge that the insurer reserves the right to seek additional information from me/us as required from time to time in order to deal with the claim.

I/we have provided all the information we have on the matter.

I/We consent to:

- a) CBL sharing the information enclosed with various parties for the purpose of determining the claim; and
- b) CBL to obtain information from other parties relating to this claim.

Full Name of Applicant(s)*

Signature*

Date*