

**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 and preserve your right to make a delayed claim in the future. See our website for more information.

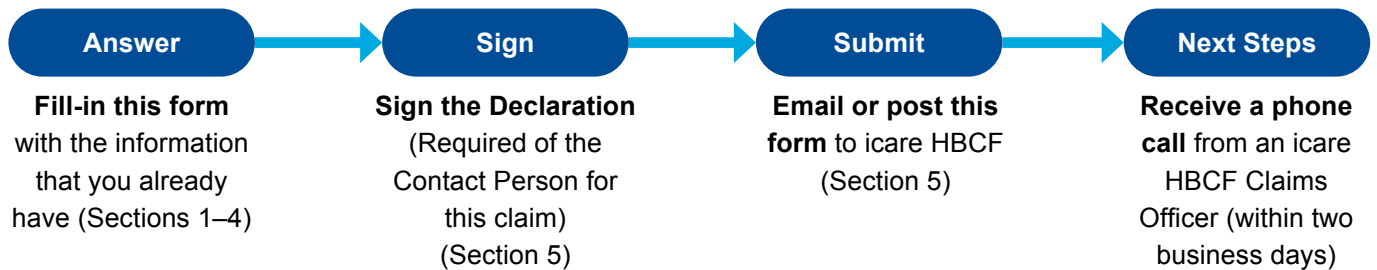
**Three ways to complete and submit this form:**

- 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 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](#) or contact HBCF Enquiries: (02) 8378 0560 or [enquiries.hbcf@icare.nsw.gov.au](mailto:enquiries.hbcf@icare.nsw.gov.au).

Policy number

Policy Date

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

### 1b: What is the address of the home that is the subject of the loss?

Address/Lot Number

## 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

Homeowner 1 Email

Homeowner 1 Mobile Number

Homeowner 2 First Name

Homeowner 2 Last Name

Homeowner 2 Email

Homeowner 2 Mobile Number

### 2b: Who will be the contact person for this Notification of Loss?

Please select one of the options below:

**Homeowner 1.**

**Homeowner 2.**

**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 [www.icare.nsw.gov.au/hbcf-homeowner-authority-to-act](http://www.icare.nsw.gov.au/hbcf-homeowner-authority-to-act))

Contact Person postal address

If the contact person is not the Homeowner, please provide;

Contact Person First Name

Contact Person Last Name

Contact Person Business Name (if applicable)

Contact Person Email

Contact Person Mobile Number



## Section 5: Contact Person Declaration

**This declaration must be signed by the contact person for this claim who has authority to do so (noting that a false or incorrect declaration may have serious repercussions for you and/or the homeowner(s)).**

I/We acknowledge that I/we or the homeowner(s) may be liable to icare HBCF for inadequate, misleading, or false information provided.

I/We acknowledge that making a statement or giving information which is inadequate, misleading, or false is a serious offence and I/we or the homeowner(s) may be guilty of an offence and/or liable to icare HBCF.

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, understood and agree to the HBCF Claims Privacy Statement (below).

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 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, storing and disclosing my personal information (for example, my business and financial history and status) in accordance with the HBCF Claims Privacy Statement or if it is reasonably necessary for, or directly related or incidental to 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, storage and disclosure of this and other personal information about them in accordance with the HBCF Claims Privacy Statement or if it is reasonably necessary for, or directly related or incidental to the purpose of meeting its statutory and contractual obligations.

### Contact Person to sign this Declaration

Contact Person First Name

Contact Person Last Name

I confirm that I have read and understood the icare HBCF Claims Privacy Statement (located on the following page).

Signature of Contact Person

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 HBCF Claims Privacy Statement:

NSW Self Insurance Corporation (SICorp) is a statutory corporation created under the *NSW Self Insurance Corporation Act 2004* (NSW). It 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) (**PIIP 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, including 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.