

home warranty insurance

notification form

ALL QUESTIONS MUST BE COMPLETED

Section 1

Certificate / Policy Number

Name of Owner / Beneficiary

Site Address

State

Postcode

Postal Address

State

Postcode

Contact Number

Email

Did you contract with the builder or are you a subsequent owner?

Original Subsequent

Section 2

Name of Builder

Builder's Licence No.

Have you contacted the Builder?

(please refer to our FAQ for details on why making contact is critical)

Yes No

If yes, what was the builder's response?

If no, why?

Section 3

When did you first become aware of your loss?

What action have you taken to mitigate your loss?

When were the building works completed?

If works are incomplete, what were the circumstances resulting in the non-completion ?

Section 4

Please confirm whether you have any of the following information.

If so, please provide **copies**.

- Photos of the notified loss
- Plans / Specifications
- Building Expert Reports
- Building Contract
- Quotes for rectification of loss
- Final inspection certificate (Council / Private Certifier)

Return form to:

Home Warranty Insurance
Lodgement Team
IPC 2CI264
GPO Box 3999
Sydney NSW 2000

Initial

Describe in detail each item of loss being notified to Vero

Location of loss

Date loss first became apparent

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

If additional space is required, see over.

Name

Signature

Date

Initial

Describe in detail each item of loss being notified to Vero	Location of loss	Date loss first became apparent
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
		Initial