

CLAIM FORM for HOMEFIRST® Builders Guarantee



Please complete all questions. Incomplete forms will be returned with the required information sections highlighted.
* If in the name of a Trust, please provide full names of all Trustees

CLAIM REFERENCE (for office use)

1. YOUR DETAILS

Surname					Business Phone	
First names		Mr	Mrs	Ms	Miss	Home Phone
Surname					Business Fax	
First names		Mr	Mrs	Ms	Miss	Home Fax
Postal Address						Mobile
Street					Email	
Suburb						
Town / City						

Physical address if different to above.

Address	Lot No		DPS		Name of Subdivision	
Number & Street						
Suburb				Town / City		

2. CERTIFICATE

Was a Certificate issued? No Yes **Certificate Number:**

Did you purchase the property from the original developer? No Yes

3. BUILDER

Trade Name of Builder

Legal Name (if different to above)

Name of Construction Manager or Supervisor
(IF KNOWN)

Has the Builder been informed in writing of the loss/defect/damage? No Yes **Please provide details of correspondence**

Is the Builder still trading? No Yes

4. LOSS, DEFECT OR DAMAGE

Date of discovery: Estimate of cost (if known): \$

Please describe nature of loss / defect / damage and how it occurred

Please provide estimates or specialist reports that may have been obtained in support of your claim.

Are you currently holding any retention monies on the property	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If so, how much	\$
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Are there any other insurances covering the property	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please advise details
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I/We wish to make a claim under the terms of Homefirst Builders Guarantee underwritten by Contractors Bonding Limited and declare that the information given above is correct to the best of my/our knowledge and belief.

Owner/s : Signed by of the Owner(s)

		Date	<input type="text"/>
Full name	<input type="text"/>	Signature	<input type="text"/>
Full name	<input type="text"/>	Signature	<input type="text"/>

INSTRUCTIONS

When you have completed and signed this claim form, please send it, with any other information you feel to be relevant to
BUILTIN NEW ZEALAND LIMITED
P O BOX 616
TAURANGA
Enquiry Line: Telephone 07 579 6259 / 0800 builtin (284 584)

It may be necessary for us to pass data to other organisations that supply products and services associated with this claim, including the builder/developer of your property.

FRAUD PREVENTION AND DETECTION

In order to prevent and detect fraud we may at any time:

Share information about you with other organisations and public bodies including the Police;

Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:

Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;

Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;

Check your identity

Undertake credit searches and additional fraud searches.

We can supply on request further details of the databases we access or contribute to.

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