

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

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:

CI Home Claims – Warranty
Customer Solutions Unit
IPC 3CI230
GPO Box 1509
MELBOURNE VIC 3001

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 |