

Home Building Certification Fund Claim Form

To be completed by **the owner**. The following information is provided as guidance.

Fully complete Part 1 of the following claim form.	<input type="checkbox"/>
Sign the 'Owners authority to release building and relevant personal information and declaration' located at number 6 on the claim form. The claim cannot be accepted without the owner's authority.	<input type="checkbox"/>
Any supporting documentation for your claim – Eg. Reports from trade specialist, engineer etc	<input type="checkbox"/>
Photos and floorplan attached detailing the locations of the compliance defect/s and showing any resultant damage/s	<input type="checkbox"/>
Deliver your claim form by hand or post or email : bas@nt.gov.au	<input type="checkbox"/>

The purpose of HBCF

In 1993, the Home Building Certification Fund (HBCF) was introduced as part of the privatisation of building certification in the Northern Territory. On 31 December 2012, the HBCF ceased issuing new policies and was replaced by the Residential Building Cover Package (Fidelity Fund Scheme).

The Home Building Certification Fund (HBCF) provides cover to policy holders in the event that building works are non-compliant at the time of construction with the National Construction Code of Australia (NCC) which includes, the Building Code (BCA) and Plumbing Code of Australia (PCA). The period of cover is ten years from the date the Occupancy Permit is issued.

The HBCF does not cover matters relating to poor workmanship, wear and tear or the natural life and quality of building products. Likewise, cover for consequential loss or damage to the building or any property contained in the building that is directly or indirectly caused or contributed to by the non-compliance is also not covered. Any rectification works that have been carried out after the completion of the original works under the building permit may result in your claim being unable to be assessed.

The fund is not liable for any amount arising directly or indirectly from any compliance defect attributable to work for which a Licenced Electrician is responsible.

The HBCF policy also excludes the responsible Builder or Plumber and Drainer who are also the owner in title from making a claim for compliance defects; however it does provide cover for the successor in title to make a claim against the policy within the policies time limitations.

What next

The timeframe for the assessment of your claim will depend on the nature of your claim, available documentation, inspection requirements and input required by specialised building practitioners.

Once you have submitted this form for assessment, your claim will be acknowledged as having been received within 5 working days of submission.

An onsite inspection may be required to assess your claim. A Department of Infrastructure, Planning and Logistics Officer and/or our Loss Assessor will contact you to arrange access to your property. For some claims, multiple site visits may be required to gather further information in order to make an informed assessment of the claim. Determinations of building claims can be complex and may require independent assessment by specialist building industry practitioners. In these circumstances, arrangements will be made with you to gain access to your property.

An excess fee of \$200 is required prior to the commencement of any rectification works for each compliance defect deemed valid under the HBCF policy.

Further information

Further information is available on the Northern Territory Government website, www.nt.gov.au or by calling Building Advisory Services on 08 8999 8979.

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Owner to complete Part 1, numbers 1 to 6

Part 1 – Owners Report

1. Owners Details

Title: Mr Mrs Ms Miss Other:

Owner's First Name:

Owner's Surname:

Owner's Postal Address:

Suburb:

State:

Postcode:

Owner's Home Number:

Owner's Mobile Number:

Owner's Work Number:

Owner's Email Address:

2. Agent Details – Optional

Title: Mr Mrs Ms Miss Other:

Agent's First Name:

Agent's Surname:

Agent's Company Name:

Agent's Postal Address:

Suburb:

State:

Postcode:

Agent's Work Number:

Agent's Mobile Number:

Agent's Email Address:

I/We hereby authorise the abovementioned agent to act on my behalf and liaise directly with DIPL in relation to all matters concerning my Home Building Certification Fund claim.

Owner's Full Name:

Date:

Owner's Signature:

3. Location of Building Works

Property Address:

Property Suburb:

State:

Postcode:

Lot No:

Building Permit Number:

4. Other Information

Did you hold an Owner Builder permit for this work? No Yes

Have you previously notified the builder of the issues? No Yes

If Yes, please provide details:

Have you previously claimed under HBCF for this property? No Yes

If Yes, please provide details:

Have you undertaken any repair work to resolve the problem? No Yes

If Yes, please provide details:

5. Building Work Details

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In the table below, list the items of building work that you believe is a compliance defect.

Item No	Room/area where the alleged defect is located	Description of alleged building work defect item
<i>Example Only</i>	<i>Main Bathroom</i>	<i>Shower leaks into the adjoining bedroom when used, noticeable water damage on wall near door in bedroom – possible waterproofing issue</i>
1		
2		
3		
4		
5		

Note: If insufficient space, please attach a separate page. Please attach any photos or documentation relating to each item.

6. Owners Authority to Release Building and Relevant Personal Information and Declaration

This authorisation and declaration must be signed by the owner for the claim to be considered:

I authorise and consent to any person who provides me with a building service, if requested by the Department of Infrastructure, Planning and Logistics (DIPL) or any appointed service providers, for the disclosure and release of information regarding the service that is relevant to the compliance defect for which I have made a claim against the Home Building Certification Fund.

This authorisation and consent extends to the collection, disclosure and release of any building work documentation and related personal information that is relevant to the building work for which I have made a claim, by DIPL or DIPL's appointed service providers, including the disclosure and release of such information to each other, and/or to one or more of the following: A building practitioner, investigator, certifier, a legal practitioner or any other person reasonably consulted by DIPL for making a decision of the claim or enacting rectification works under the Home Building Certification Fund.

I consent to the Department of Infrastructure, Planning and Logistics (DIPL) using the information collected in connection with my claim to fulfil its obligations under the *Building Act* and the *Home Building Certification Fund Policy* for the purposes of research about building works, building practitioners, claim management or the like.

I have read the information provided in this form. I declare that the information supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

Owner's Full Name: _____ Date: _____

Owner's Signature: _____

Date that claim form forwarded to DIPL: _____ Posted By Hand Emailed

Now that you have completed Part 1, please forward your claim form to DIPL for processing

In Person	By Post	By Email
Building Advisory Services Level 1, Energy House 18-20 Cavenagh Street DARWIN NT 0800 08 8999 8979	Building Advisory Services HBCF Claim GPO Box 1680 DARWIN NT 0801	bas@nt.gov.au By Fax 08 8942 6461

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Part 2 – DIPL Office Use Only

DIPL Office Only

HBCF Claim No:		Loss Assessor Claim No:	
Claim Type:	Initial Claim <input type="checkbox"/>	Appeal <input type="checkbox"/>	
If Appeal: Previous HBCF Claim No. :		Previous Loss Assessor No. :	
Date Claim Form Received:			
Building Permit Number:		Building Permit Date:	
Occupancy Permit Number:		Occupancy Permit Date:	
NCC Year Applicable:		Owner Builder:	No <input type="checkbox"/> Yes <input type="checkbox"/>
HBCF Policy:	No <input type="checkbox"/> Yes <input type="checkbox"/>	HBCF Policy Number:	
Builder's Name:		Builder's Registration No:	
Builder's Company:			
Certifier's Name:		Certifier's Registration No:	
Certifier's Company:			