



## Complaint against Home Building Compensation Fund Insurer

### PLEASE NOTE!

1. Fair Trading can only investigate a complaint about an insurer where the insurer's own internal dispute resolution process has not resolved the matter. **BEFORE** lodging this form you must formally notify the insurer of your complaint for consideration under that internal dispute resolution process.
2. Complaints relating directly to decisions of insurers not to indemnify a beneficiary are unable to be investigated by Fair Trading. There is a right of appeal to the NSW Civil and Administrative Tribunal available to claimants in relation to a decision of an insurer to decline (in part or whole) a claim.

### 1 Your Details

<b>Title</b>	Mr / Mrs / Miss / Ms / Other <i>(please circle or indicate)</i>		
<b>Surname</b>			
<b>First Name</b>			
<b>Address</b>			
<b>Relationship to Insurer</b>	Beneficiary/Claimant Owner-Builder	Builder/Contractor Other	<i>Please tick one</i>
<b>Phone</b>	Daytime	Mobile	
<b>Email address</b>			Fax

### 2 Insurer's Details

<b>Insurer</b>			
<b>Broker/Agent (if applicable)</b>			
<b>Contact details</b>	Phone	Fax	
<b>Policy/Eligibility number (if applicable)</b>	No	Date	
<b>Address of building work under dispute (if applicable)</b>			

### 3 Details of your complaint *(provide a brief outline of your dispute with the insurer)*

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ATTACH A COPY OF ALL DOCUMENTATION IN SUPPORT OF YOUR COMPLAINT

*Continued overleaf.....*

**4 What was the insurer's response to your complaint?**

**5 What outcome are you seeking from this complaint?**

**Declaration**

- *I declare that the information supplied by me is to the best of my knowledge, true and correct.*
- *I acknowledge that where appropriate, my complaint and the information provided by me may be referred to the insurer and/or an intermediary of the insurer, or another organisation or government agency for the purpose of resolving the complaint.*
- *I understand that the information I provide may also be used to monitor the marketplace and for investigative and law enforcement purposes.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist**

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- All relevant sections of this form completed:
- I have made the insurer fully aware of my grievance:
- Copies (not originals) of relevant documents attached:

Lodge the form either:

**In Person:** At any Service NSW Centre (call 13 32 20 for locations)

**By Post:** NSW Fair Trading  
Home Building Service  
PO Box 972  
Parramatta NSW 2124

**OFFICE USE ONLY**

Date Received	File No	Assigned to	Acknowledged