Building Warranty Claim Form

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader.
- Please note, any questions marked with a ✱ symbol require additional supporting evidence to be supplied.
- Please complete relevant sections, attach supporting evidence and post to: Stamford Insurance, Private Bag 68910, Victoria Street West, Auckland, 1142 or email to: info@stamfordinsurance.co.nz
- Please provide photos showing the defect and/or resulting damage
- Additional information can be found in the Claims Procedure of your Policy Wording Once
- received, Stamford Insurance or a Loss Adjuster will be in contact within 2 working days.

Insured details

Name of Policyholder	
Policy Number	
Address	
Phone	
Mobile	
Email	

Property Details

(if different to address above)	

Defects Insurance Period – 1 to 2 Years

During this period of the Policy, it is your builder or developer's responsibility to arrange to repair, replace or rectify defects which occur in your property.

If your builder or developer fails to carry out these repairs, or if you enter into a dispute regarding the completion of repairs, then please check the dates on your Certificate of Insurance to determine whether you are entitled to claim against this section of the Policy.

If you would like to make a claim under this section of cover, complete this section, Details of Claim and sign the Declaration.

Have you contacted your builder or developer regarding the claim? ☐ Yes ☐ No

Has the builder or developer replied? ☐ Yes ☐ No

Is the builder or developer still trading? ☐ Yes ☐ No

Structural Insurance Period – 3 to 10 Years

This section of the Policy provides you with protection against damage or loss, which has been caused by Major Defect. Please check the dates on your Certificate of Insurance to determine whether you are entitled to claim against this section of cover.

If you would like to make a claim under this section of cover, complete this section, Details of Claim section and sign the Declaration.

Did you purchase the property from the original builder or developer? ☐ Yes ☐ No

Please provide the date you purchased the property

Details of Claim

Please describe the nature of the claim and provide colour photographs if there is any physical damage evident

The date the defect or damage was first noticed?

Does your claim relate to any common areas?
(i.e. areas of general use in a multi-ownership building) ☐ Yes ☐ No

If 'Yes', please provide the contact details of the Body Corporate Manager

Have any quotes or reports been completed concerning the damage? ✱ ☐ Yes ☐ No

Are you holding any monies over the property? (i.e. have you withheld some of the purchase money until the Developer rectifies specific issues). ☐ Yes ☐ No

If yes, please confirm the amount retained and the reason for retention

Have you negotiated a price reduction against the purchase price of your property? ☐ Yes ☐ No

If yes, please advise the amount and the reason.

Has any building work been carried out on this property since completion? ☐ Yes ☐ No

If 'Yes', please provide full details of the building work that has been carried out, together with the date of this work.

Have you claimed for the damage identified under any other insurance? ☐ Yes ☐ No

Declaration

Privacy

The Privacy Act 2020 requires us to tell you that as an underwriting agent acting on behalf of our insurers, we collect your personal and sensitive information to calculate your loss and entitlements, determine any potential liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as the insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. You have the right to seek access to your personal information and to correct it at any time.

Declaration

I/We declare the information and answers given above are true, correct and complete. I/We have not withheld any information likely to affect consideration of the claim

I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 2020 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information, then Stamford Insurance will be unable to process my/our claim

I confirm I have read and understood this declaration.

Insured Signature			
Insured Name		Date	

Contact us

Level 4, 100 Beaumont Street, Auckland, 1010
Private Bag 68910, Victoria Street West, Auckland, 1142
0800 927 0100
info@stamfordinsurance.co.nz
stamfordinsurance.co.nz

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