CWI Loss Notification Form

- This form should be used by homeowners to notify a loss under an insurance policy where Assetinsure Pty Ltd is the insurer
- References in this form to 'builder' and 'building work' include trade and other building contractor's work.
- Credeq Australia Pty Ltd, acting under a delegated authority agreement, is appointed to manager claims on behalf of Assetinsure Pty Ltd.

1. Homeowner Details

Homeowner/s name	
Policy/Certificate Number	
Policy/Certificate Issue Date	

Address where the building work that is subject of this claim		
Suburb/town	State	Postcode

Homeowner's postal address (if different from above)		
Suburb/town	State	Postcode

Telephone	
Mobile	
Email	

2. Builder Details

Builders Name	
Builders Licence Number	
Builder Trading Name	

Address of builder (if known)		
Suburb/town	State	Postcode

3. Builder Contact Details

Builders Telephone	
Builders Mobile	
Builders Email	

4. Reason for Expected Loss

Do you have reason to believe that the works are incomplete or will not commence?

Yes		No	

If yes, please enter the dates below:

Contract Date:	Commencement Date:	Date work ceased:

Do you have reason to believe that the work is and will remain defective?

Yes		No	

Please provide a brief description and attach evidence.

5. Privacy Statement

The information collected in this form will be used to assess your insurance claim and to provide other insurance services in accordance with our Privacy Policy. We may share your information with third parties, both in Australia and overseas, as defined in our Privacy Policy in connection with providing these services. If you do not complete this form in full, we may not be able to pay your claim.

In accordance with our Privacy Policy, you may access any information we hold about you. If you would like to contact us about Privacy or would like to obtain a copy of our Privacy Policy, you can use one of the following means.

Online at: https://credeq.com/au/privacy-policy/
Phone: 1300 294 000
Email: cwi@credeq.com
Letter: Compliance Manager,
GPO Box 2586, Sydney NSW 2001

In signing this form, you expressly consent to us using your personal information in accordance with our Privacy Policy.

6. Notifier Declaration

This declaration MUST be signed by ALL parties notifying a loss (please print additional forms if more than two owners).
I/We have understood the terms of the policy.
I/We confirm that the details on this claim form are true, correct and represent a fair and accurate representation of the facts surrounding the claim.
I/We acknowledge that the insurer reserves the right to seek additional information form me/us as required from time to time. I/We acknowledge that Credeq reserves the right to reject any claim.
I/We acknowledge that I/We have not negotiated or settled a claim, incurred any expenses without notifying Credeq, as stated on the Certificate of Insurance, in writing.
I/We confirm that I/We have provided all the information we have on the matter.
I/We confirm that all the undersigned have the authority to settle this claim in full.
I/We consent to:

- Credeq sharing the information enclosed with various parties for the purpose of determining the claim; and
- Credeq to obtain information from other parties relating to this claim.

Declared by Claimant 1	
Please print your full legal name:	
Signature:	
Date:	
Declared by Claimant 2	
Please print your full legal name:	
Signature:	
Date:	
Declared by Claimant 3	
Please print your full legal name:	
Signature:	
Date:	

7. Submit your Loss Notification

Once you have completed this form please PRINT the form, sign and return to us via email with ALL supporting material available to: cwi.claims@credeq.com