

Version 2



Statement of Claim Checklist / Repair Strategy

Date: 18/11/11
 Author: Martin Hill

CLM/2010/129192
 84 Wadsworth
 Flat 4 number 18 Division Street
 Riccarton
 Christchurch
 P: [REDACTED]
 W: [REDACTED]
 F: [REDACTED]
 LA: Martin Hill
 Estimator: Martin Lowry

Room	Earthquake Damage	Walls	Ceiling	Floor	Repair Strategy
	Y/N	✓	✓	✓	
Lounge	Y		✓		Strip stipple / Rack out / re apply paint.
Dining Room	N				
Kitchen	N				
Family Room	N				
Bedroom 1	Y	✓	✓		Remove + re coat Stipple.
Ensuite	NA				
Bedroom 2	Y		✓		Fill + Paint Cornish Joint. Rack out Flange / soft seal / Paint Cornish.
Bedroom 3	Y		✓		Rack out Flange / soft seal / Paint Cornish.

[Handwritten signature]

Flat 4 number 18 Division Street
 Riccarton
 Christchurch

II: [Redacted]
 W: [Redacted]
 M: [Redacted]

Room	Earthquake Damage	Walls	Ceiling	Floor	Repair Strategy
	Y/N	✓	✓	✓	
Bedroom 4	NA				
EN SUITE Bathroom	Y			✓	Remove Stipple & Paint tub waste leaking (repaired by owner emergency repairs see Toilet 1) description below
Toilet 1	Y		✓		Remove Stipple ceiling / replace Stipple Ceiling
Bathroom Toilets 2 Upstairs	Y			✓	lift and relay state tiles 2sqm lift carpet / repanel floor / relay Carpet Rackout Flakes / soft Seal / Paint Cornice
Office / Study	NA				
UPSTAIRS Rumpus HALL	Y		✓		Rackout Flakes / soft Seal / Paint Cornice
Entry / Hall(s)	N				
Stairwell	Y	✓			Remove lining Paper / rackout / substop / relay paper / Paint
Laundry	N				
Garage	N				
Other	Upstairs Floor			✓	lift carpet / repanel floor / relay carpet

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 (initials)


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 M: [Redacted]

Item		Event Damage	Repair Strategy
		Y / N	
Pine Roof Batts		N	
EXTERNAL WALLS	North	N	
	South	N	
	East	N	
	West	N	
Decks		NA	
CHIMNEY	Base	N	
	Ceiling Cavity	N	
	Above Roof	N	
	Fireplace	N	

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 (Initials)


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Version

Item	Event Damage	Repair Strategy
	Y / N	
Foundations	N	
Piling	NA	
Services	Y	Leaking Pipe from upstairs Bathroom waste repaired by emergency plumber.
Other Dwelling Items	NA	
Outbuildings	NA	
Land & Retaining Walls <i>(Discuss with Supervisor)</i>	N	

Supplementary Notes:

I confirm the rooms and areas listed above have been inspected by an EQC representative.

Damage caused by the event has been noted and to my knowledge there are no other areas of damage resulting from the event.

Signature of Claimant: *[Signature]* Dated: 18/1/11

NOTE: THIS FORM IS TO BE COMPLETED IN THE CLAIMANT'S PRESENCE.

[Signature]