## Canterbury Earthquakes Insurance Tribunal





## Important information

- 1. Use this form if you are a **named respondent in a claim** to the Canterbury Earthquakes Insurance Tribunal, or you have been **added as a third party respondent** and wish to file a response to the claim(s) made against you.
- 2. If you wish to oppose the claim(s) made against you, you may, within 15 working days from the day after the date you received notification of the claim(s) made against you, file a response with the Tribunal and serve it on the applicant and any other respondent(s). Attach any relevant documentation and evidence to support your response.
- 3. If you have downloaded and completed the PDF version of this Response Form online, you can email your response to CEIT@justice.govt.nz. Please put "Response to [Case File Number]" in the subject line.
- 4. If you have printed this Response Form and need more space to answer any of the questions, please use a separate sheet of paper. You can post or deliver your response to Ministry of Justice, Level 1, Law Courts Building, 20 Lichfield Street, Christchurch 8011 or DX WX 10021, Christchurch.
- 5. Fields marked \* must be filled in. Enter N/A if not applicable.

Step 1. Case details  Please provide the Case Title and CEIT Case Number that relate to this response.
Case Title
CEIT Case Number
Step 2. Respondent details  The respondent is either the insurance company (including Southern Response) and/or the Earthquake Commission (EQC), or a person added as a third party respondent, against which the claim is being made.  Full name *
Contact name (if applicable)
Do you agree to receive official documents, letters and notices from the Tribunal by email? * (tick one)
Yes, my email address for service is:
No, please send to the postal address for service below:
Postal address for service*

Telephone number * (please tick your preferred tele	ephone number)
Home	
Work	
Mobile	
and documents relating to the case will be sent to the Please provide the contact details (Address for Sent	ber to represent you in the Tribunal. All notices, correspondence nis person only. If you do not have a representative, go to Step 4. vice) you would like us to use. The Address for Service may be a details or the Address for Service change, you must notify the
Representative's full name *	
Company name (if applicable)	
Does your representative agree to receiving official (tick one)	documents, letters and notices from the Tribunal by email? *
Yes, my representative's email address for se	rvice is:
No, please send to my representative's postal	address for service:
Representative's postal address for service*	
Telephone number * (please tick your representativ	e's preferred telephone number)
Work	
Mobile	
Is your representative a lawyer? (tick one) *	
Yes No	
If <b>no</b> , you need to complete an 'Authority to Act' For the Tribunal website <a href="www.justice.govt.nz/CEIT">www.justice.govt.nz/CEIT</a> .	m which can be found in the Forms and documents section of
Step 4. Response to Claim Please attach any evidence and documentation to s	support your response.
Part A (Insurance Companies and	EQC to complete only)
Do you agree with the following details provided by Form?	the applicant, noted in Step 3 and Step 4 of their Application
Insurance policy names Yes	No

Insur	ance policy number(s) Yes No
If no,	please provide specific details as to why you disagree:
Insur	ance claim number(s) Yes No
If no	please provide specific details as to why you disagree:
11 110,	produce provide openine detaile de le virit you dioagree.
Do y	ou agree with the details provided by the applicant outlining why you, as their insurer, dispute their claim(s)?
Do y	
	Yes No
If no,	Yes No
	Yes No
If no,	Yes No
If no, 1.	Yes No
If no,	Yes No
If no, 1.	Yes No

4.	
5.	
5.	
6.	
<b>A</b>	
	there any additional issues not outlined by the applicant in their Application Form (and any supporting documents) require a decision by the Tribunal?
	Yes No
If vo	s, please specify what those additional issues are, and how you would like them to be dealt with:
11 ye.	s, please specify what those additional issues are, and now you would like them to be dealt with.
2.	
3.	
4.	

5.									
6.									
Par	t B (a	all o	ther thir	d party	respon	dents)			
				s) made by			ou?		
	Yes		No		• •				
If no	nloase	stato	what datai	ls you disag	roo with or	ad why:			
1. 110,	piease	State	wnat detail	s you disay	nee wiin, ar	ia wiiy.			
2.									
3.									
4.									
5.									

6.													
Are t	here an	y ada	litional is	ssues not	t outlined	by the ap	plicant in	their claii	m(s) that	require a	decision	by the	Tribunal?
	Yes		No										
If yes	s, please	e spe	cify wha	t those a	dditional i	issues are	e, and ho	w you wo	uld like th	em to be	dealt w	ith:	
1.													
2.													
3.													
4.													
5.													
6.													

## Step 5. My supporting documents

If you are sending your response to the Tribunal by email, please attach all your supporting documents. If your supporting documents are too large to send by email, please send them to the Tribunal **by courier, post, or hand delivery**. Such documents will need to be with the Tribunal within **5 working days** from the date you have emailed your Response Form. The Tribunal address is at the top of the first page of this form.

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	rriburial requires a copy of all expert reports (e.g. engineer, quantity surveyor, builder) relating to your response. k those that apply)
	I have attached the report(s)
	I will hand deliver/post/courier the report(s)
	I do not have copies of the report(s)
	No expert reports were conducted
Oth	er documents
I hav	ve included the following documents:
	Authority to Act Form (if your representative is not a lawyer)
	Insurance policy document(s)
	All other documents (listed below) on which I will be relying:
1.	
2.	
3.	
4.	
5.	
	Continue on a separate sheet if necessary
	ep 6. Declaration
	ofirm that the information in this response, including any supporting documents and attachments, are correct be best of my knowledge, and that I am an authorised signatory for this response: *
	Date
	Date
	Date
	Date
Sign	ed by the respondent(s) or an authorised agent on behalf of the respondent(s)
Sto	ep 7. Checklist
Plea	se check that you:
	Have completed all sections
	Have attached all supporting documents (if not too large)
	Understand that you have <b>5 working days</b> from the date of sending this response to hand deliver,