

# Canterbury Earthquakes Insurance Tribunal

## Application Form



### Important information

1. Before you complete this form, please read the *Who can apply* and *How to apply* sections here [www.justice.govt.nz/CEIT](http://www.justice.govt.nz/CEIT). The website provides information to assist you in completing the Application Form, as well as a downloadable **Homeowner's Guide to the Canterbury Earthquakes Insurance Tribunal**.
2. If you have printed this Application Form and need more space to answer any of the questions, please use a separate sheet of paper. You can post or deliver your completed application to **Ministry of Justice, Christchurch Precinct, Level 1, District Court, 20 Lichfield Street, Christchurch 8011** or **DX WX 10021, Christchurch**.
3. If you have downloaded and completed the PDF version of this Application Form online, you can email your application to [CEIT@justice.govt.nz](mailto:CEIT@justice.govt.nz). Please put "New Application" in the subject line.
4. Fields marked \* must be filled in. Enter N/A if not applicable.

## Step 1. My/our details

This is the person(s) applying to the Tribunal. Please provide contact details and an Address for Service that you would like us to use for this application. All notices, correspondence and document relating to your application will be sent to the Address for Service you provide. Your Address for Service may be a postal address or an email address. If your contact details change, you must notify the Tribunal immediately.

Note: If you have a representative (see Step 2), all notices, correspondence and documents relating to your application will be sent to your nominated person only. If contact details or the Address for Service change, you must notify the Tribunal immediately.

Full name(s) \*

  

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 my postal address for service

Postal address for service \*

  

Telephone number \* (Please tick your preferred telephone number)

 Home  Work  Mobile 

Do you require an interpreter?  Yes  No

If yes, for which language?

## Other Contact(s)

Other contacts are people such as your spouse, a family member or a friend who you authorise to contact the Tribunal on your behalf.

Full name	Email address	Contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Step 2. My/our representative

You can nominate a lawyer, advocate, friend or family member to represent you in the Tribunal. All notices, correspondence and documents relating to your application will be sent to your nominated person only, unless otherwise advised. Your representative may or may not be the same person who speaks on your behalf in the Tribunal. For further clarification on representation, please refer to the Tribunal Guide. If you do not have a representative, go to Step 3.

Please provide the contact details (Address for Service) you would like us to use for this application. Your Address for Service may be a postal address or an email address. If contact details or the Address for Service change, you must notify the Tribunal immediately

Representative's full name \*

Company name (if applicable)

Does your representative agree to receiving official documents, letters and notices from the Tribunal by email? \*

(Tick one)

Yes, my email address for service is:

No, please send to my postal address for service

Representative's postal address for service \*

Telephone number \* (Please tick your preferred telephone number)

Work

Mobile

Is your representative a lawyer? (Tick one) \*

Yes  No If **no**, you need to complete an 'Authority to Act' Form which can be found in the **Forms and documents** section of the Tribunal website [www.justice.govt.nz/CEIT](http://www.justice.govt.nz/CEIT).

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## Step 3. Details of claim

(Please note that if you have insurance claims relating to damage to multiple properties, you will need to complete separate application forms for each property).

### My Property

My claim with my insurer(s) relates to a property at the following physical address: \*

Was the property used as a residence when the damage first occurred? \*

Yes

No

The property was owned at that time by: \*

  

## The Earthquakes

My property was originally damaged in one or more of the following earthquakes: \* (Tick one or more)

4 September 2010

26 December 2010

22 February 2011

13 June 2011

23 December 2011

Any aftershocks up until 31 December 2011

Any aftershocks after 31 December 2011 (where the initial damage occurred before 31 December 2011)

## The Damage \*

Provide details of the damage the above earthquakes caused to your property. You may attach relevant documents detailing the damage. Include details of any parts of your insurance claim(s) that have been resolved.

Continue on a separate sheet if necessary

## Step 4. Who is your claim against?

Your claim may be against your insurer (including Southern Response) and/or the Earthquake Commission. If you have a claim against one or more insurers you will need to provide details for each claim separately below.

(Tick one or more)

**Earthquake Commission (EQC)**

Postal address \*

PO Box 311

Wellington 6140

Phone number \*

0800 326 243

Email address \*

info@eqc.govt.nz

The EQC insurance policy is/was in the following names: \*


My EQC insurance policy number(s) at the time was/is: \*


My insurance claim number(s) is/are: \*


I want EQC to compensate me for: \*

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Continue on a separate sheet if necessary

*EQC disputes my claim and says: \**

*Continue on a separate sheet if necessary*

**Insurer 1**

*Name of insurance company \**

*Postal Address \**

*Phone number \**

*Email Address \**

*The insurance policy is/was in the following names: \**

*My insurance policy number(s) at the time was: \**

*My insurance claim number(s) are: \**

*I want Insurer 1 to compensate me for: \**

*Continue on a separate sheet if necessary*

*Insurer 1 disputes my claim and says: \**

*Continue on a separate sheet if necessary*

**Insurer 2**

Name of insurance company \*

Postal address \*

Phone number

Email address

The insurance policy is/was in the following names: \*

My insurance policy number(s) at the time was: \*

My insurance claim number(s) are: \*

I want Insurer 2 to compensate me for: \*

Continue on a separate sheet if necessary

Insurer 2 disputes my claim and says: \*

Continue on a separate sheet if necessary

### What steps have you taken so far? \*

This information will assist the Tribunal in determining the status of your claim.

(Tick those that apply)

- I submitted my claim(s) for arbitration
- I settled my claim with EQC
- I issued court proceedings against EQC
- I settled my claim with my insurance company
- I issued court proceedings against my insurance company
- I have not taken further action beyond my initial insurance claim
- Other Please specify:

### Urgent Applications

The Tribunal regards all applications as important and will endeavour to resolve your insurance dispute(s) as quickly as possible. If you believe your application requires priority attention, please provide detailed reasons for this below. You **must** include medical certificates if your reasons for urgency are related to physical and mental conditions.

Continue on a separate sheet if necessary

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## Step 5. My supporting documents

If you are sending your application to the Tribunal by email, please attach all your supporting documents to your application. 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 Application Form. The Tribunal address is at the top of the first page of this form.

### Expert reports

The Tribunal requires a copy of all expert reports (e.g. engineer, quantity surveyor, builder) relating to your application. \* (Tick those that apply)

- I have attached my report(s)
- I will hand deliver/post/courier my report(s)
- I do not have copies of my report(s)
- No expert reports were conducted

### Other documents

I have included the following documents:

- Authority to Act Form (if your representative is not a lawyer)
- All other documents (listed below) on which I will be relying

1.
2.
3.
4.
5.

*Continue on a separate sheet if necessary*

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## Step 6. Declaration

I confirm that the information in this application, including any supporting documents and attachments, are correct to the best of my knowledge, and that I am an authorised signatory for this application: \*

<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	Date	<input type="text"/>

*Signed by the applicant(s) or an authorised agent on behalf of the applicant(s)*

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## Step 7. Checklist

Please check that you:

- Have completed all sections
- Have attached all supporting documents (if not too large)
- Understand that you have **5 working days** from the date of sending this application to hand deliver, courier, or post any supporting documents too large to attach to your online or email application.

### What happens next?

The Tribunal will process your application as soon as possible. If you have large documents to send to the Tribunal by post, courier or hand delivery, your application will **only** be considered complete and forwarded to the Chair of the Tribunal, when all supporting documents have been received. If the Chair accepts your application, a Tribunal Member will be assigned to your case and a Case Manager appointed. That Case Manager will then contact you to confirm a date for the First Case Management Conference.