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Completed By: **Ken Bosher**

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Claimant Name: MURRAY HILL.

41 OLLIVERS RD.

PHILLIPS TOWN

CHRISTCHURCH.

Land		Building		Bridges/culverts		Retaining walls		Other	
Lounge		Dining		Kitchen		Family Room		Bedroom	
Office/Study		Rumpus		Hallway		Stairwell		Toilet	
Laundry		Bathroom		Ensuite		Chimney		Foundations	
Piling		Services		Kitchen Ovens		Hot Water Cylinders	✓	Header Tanks	
Glazing/windows		Fireplace/woodburner		Floor		External Walls		Roof	
Outbuildings		Other							

DESCRIPTION: Hot water cylinder damaged.

REPAIR STRATEGY: Fit new cylinder

[illegible]

Subtotal	1800.00.
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+ P&C, Margin & GST Figure

TOTAL	2459-16
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Each, Sheet, Kilogram, Linear metre, Square metre, Cubic metre, Per Hour, Per Day, Per Week. Cubic metre calculations must include length, breadth and depth figures. Square metre calculations must include length and breadth figures.

EQC
EARTHQUAKE COMMISSION

Statement of Claim Checklist

Date: 03-11-2010Author: Ken BoshierClaim No.: 20101076260Claimant: MURRAY HILLSituation of Loss: 41 OLLIVIER'S RD.PHILLIPSTOWN, CHRISTCHURCH

LA: _____ Estimator: _____

Room	Damage	Walls	Ceiling	Floor	Description of Damage
	Y/N	✓	✓	✓	
Lounge	N				
Dining Room					
Kitchen					
Family Room					
Bedroom 1					
En Suite					
Bedroom 2					
Bedroom 3					
Bedroom 4					
Bathroom					
Toilet 1					
Toilet 2					
Office/Study					
Rumpus					
Entry/Hall(s)					
Stairwell					
Laundry	N				
Other	✓				Hot water cylinder damaged needs new cylinder.

Item		Event Damage	Description of Damage	Appoint Engineer
		Y / N	Y / N	
Roof		N		
External Walls	North			
	South			
	East			
	West			
Decks				
Chimney	Base			
	Ceiling Cavity			
	Above Roof			
	Fireplace			
Foundations				
Piling				
Services				
Other Dwelling Items				
Outbuildings				
Land & Retaining Walls				
(Discuss with Supervisor)		N		

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: _____ Dated: _____