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## CONTRACTOR STATEMENT OF DAMAGE

This form is for contractors to submit detailed information about missed damaged or sub-standard repairs.

Owner's name\* \_\_\_\_\_

Address of claim\* \_\_\_\_\_

Claim number\* \_\_\_\_\_

Your name\* \_\_\_\_\_

Your address\* \_\_\_\_\_

Your phone number \_\_\_\_\_

Your email\* \_\_\_\_\_

Which of the following professions are you?\*

A licenced building practitioner

Registered building surveyor

Registered engineer

Licence/registration number\* \_\_\_\_\_

Other (eg painter/decorator, registered drain layer, plumber) \_\_\_\_\_

### Building details:

Land classification\* \_\_\_\_\_

Number of floors\* \_\_\_\_\_

Age of building\* \_\_\_\_\_

Type of foundation\* \_\_\_\_\_

Type of wall construction\* \_\_\_\_\_

Type of external cladding\* \_\_\_\_\_

Type of roof\* \_\_\_\_\_

Type of internal wall & ceiling linings\* \_\_\_\_\_

Date of your inspection\* \_\_\_\_\_

Type of damage\* \_\_\_\_\_

Missed damage     Sub-standard repairs

Tick both boxes if relevant

All fields marked with a \* are mandatory.

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Identify date(s) of relevant repairs

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Description of damage and cause\*

Please summarise the extent of missed damage or sub-standard repairs and why you believe this damage is earthquake related.

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Do you recommend further investigation or reporting\*?

No       Structural engineer       Geotechnical engineer       Other

Please provide details on the recommended investigation\*

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Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

By submitting this form you confirm you are a current licenced building practitioner, registered building surveyor, registered engineer or other suitably qualified expert and have inspected the property yourself.



Please send this signed and completed form with the requested information to EQC by email or post.

**Scan and email to:**  
claims@eqc.govt.nz  
(please add claim number in subject line)

**Post to:**  
Earthquake Commission  
PO BOX 311, Wellington, 6140