

**PRIVATE SEWERS REHABILITATION PROGRAMME
APPLICATION FOR GOVERNMENT SUBSIDY FORM**

To:

Director, Water Reclamation Network
Public Utilities Board
40, Scotts Road #10-01
Environment Building
Singapore 228231

Refer to overleaf for conditions of subsidy, claimable and non claimable items

Owner's Property Address : _____
Postal Code : _____

Work Commencement Date : _____ Work Completion Date: _____

Length of private sewer outside the property boundary (A) : _____ m

Total length of private sewer (B) : _____ m

Computation of Government Subsidy

Item Description	Amount (S\$)
Cost of Work	
GST Amount	
Total Cost of Work	S\$ (1)
Percentage of Government Subsidy (A)/(B) or minimum 5%	(2)
Government Subsidy	S\$ (1) x (2)

IMPORTANT NOTE: Please attach (a) layout plan (indicate clearly the length of each segment/component of the whole sewer network and label the work done to each segment /component viz. CIPP, Repair, Replacement) and (b) work completion report to substantiate the claim.

I wish to apply for Government Subsidy of S\$ _____, subject to PUB verification and final adjustment if need be, for the rehabilitation work done at my property.
The proof of the work done and copy of the payment (s) are attached.

I confirmed that

- (a) The contractor has been paid fully for the completion of the repair work.
- (b) The contractor has provided me with the CCTV footage, leak tests records, work process control records, etc as proof that the repair work is properly carried out.
- (c) The contractor has also provided at least two-year warranty for the work carried out.

Endorsement by Contractor	Owner's Particulars and Signature
Company Name :	Owner's Name* :
Company Address :	NRIC No* :
Contact Person :	Mailing Address :
Contact No :	Contact No :
Company Stamp Signature & Date	Signature & Date :

IMPORTANT NOTE: Please write your name (as in your NRIC Name), NRIC No and mailing address clearly. The cheque will be mailed to your indicated mailing address.

* If the Owner is represented by MCST, please write down the MCST registered company name and leave NRIC No. blank

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Conditions for Subsidy

1. The claim is only applicable for owner who engages his/her own contractor to carry out the work.
2. The claim for subsidy shall be submitted not later than **3 months** from the date of work completion.
3. Each property address is entitled to one claim only.
4. The computation for subsidy shall be based on the cost of work, or PUB's estimates for the cost of work, whichever is lesser.
5. The claim is to be substantiated with a copy of the payment receipt, sewer layout plan and the work completion report that includes leak test report, CCTV video footage and report, and photo of the completed work.
6. In the event that the lining is unacceptable due to partial collapse or due to an unacceptable degree of wrinkling, the owner shall get his/her own contractor to remove and replace the lining. All such remedial works of renovation, repair or replacement shall be carried out prior to the submission of claim for subsidy.

Claimable items

1. Cost of pre-repair cleaning and inspection
2. Cost of trenchless relining using Cured-in-place-pipe (CIPP) Technology
3. Cost of open trench repair work for sewers which cannot be repaired by CIPP
4. Cost of Inspection Chambers Rehabilitation

Non Claimable Items

The subsidy shall not cover the following works:

1. Cost of removing, installing or replacing any trees or landscaping items
2. Cost of removing or replacing any paving materials
3. Cost of removing or replacing internal building plumbing
4. Cost of installing or replacing any surface treatment, concrete slabs or foundations, light posts, mail boxes or any similar appurtenances

PAYMENT VOUCHER

(For PUB Use)

Verification of Claim	
The supporting documents have been checked and the claim is certified to be genuine	
Reimbursement Amount Payable	: S\$ _____
Name & Designation of Checking Officer	Signature and Date _____
The claim is valid. The reimbursement shall be processed by AP section, FD	
Name & Designation of Checking Officer	Signature and Date _____
Project No :	
GL code :	

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