

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

To: Director (WRN) Public Utilities Board 40, Scotts Road #14-01 Environment Building Singapore 228231	For FD Use : Payment Date : _____
	FD Officer's Name : _____      Contact No : _____

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

Owner's Property Address : \_\_\_\_\_

Postal Code : \_\_\_\_\_

Date of Work Start : \_\_\_\_\_ Date of Work Completed : \_\_\_\_\_

Length of private sewer outside the premise boundary (A) : \_\_\_\_\_ m

Total length of private sewer (B) : \_\_\_\_\_ m

**Computation of Government Subsidy**

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

**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\$ \_\_\_\_\_ for the rehabilitation work done at my property premise.  
The proof of work done and payment (s) are attached.

- I confirmed that
- (a) The contractor has been paid fully.
  - (b) The contractor has provided me with CCTV and leak tests records, work process control records, etc to the owner as proof that work is properly carried out.
  - (c) The contractor has also provided at least one 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

**Conditions for Subsidy**

1. The claim is only applicable for owner who engages his contractor to carry out the work.
2. The claim for subsidy shall be submitted not later than 3 months after the date of work completion.
3. Each owner is entitled to one claim only.
4. The scope of work shall include the portion of sewers that is lying outside the premise boundary or proof shall be submitted to show that the portion is in good condition and leak free.
5. The computation for subsidy shall be based on the cost of work, or PUB estimates for the cost of work, whichever is lesser.

**Claimable items**

1. Cost of inspection
2. Cost of engaging a qualified person. (capped at 7.5% of the subsidy for the cost of work)
3. Cost of trenchless relining – Cured-in-place-pipe
4. Cost of inspection chamber waterproofing
5. Cost of open trench repair work

**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 :	