



ABN: 89 791 717 472

Postal Address
PO Box 953
Caboolture QLD 4510

Unitywater
Ph: 1300 0 UNITY (1300 086 489)

Internet
www.unitywater.com

Email
PBI@unitywater.com

Property Details

Street address: _____
Real property description: Lot: _____ Plan: _____
Owner occupied Contact details: _____
Tenant occupied Contact details: _____
Real estate managed Real estate contact details: _____

Claimant's Details¹

Company name: _____ BSA licence number _____
Contact name: _____
Postal address: _____
Email: _____ Daytime ☎ _____
Bank: _____ A/C name: _____
A/C number: _____ BSB: _____

¹ In accordance with Unitywater's Clearing Blocked Private Sewer Pipes Policy, Unitywater requires that the attending plumber makes this claim (the Claimant) and not the customer.

Claim Details

1. Describe the work undertaken _____ Date: _____

2. Did you report the blockage to Unitywater?
 Yes Date _____ Reference number _____
 No Why? Who did? _____

3. Total amount claimed² \$ _____ **Please attach original tax invoice to this form.**

² Private plumbers are eligible to claim from Unitywater up to the published amount of \$250 inc. GST as outlined in Unitywater's Clearing Blocked Private Sewer Pipes Policy (refer www.unitywater.com/Blocked-sewers), for identifying a sewer blockage in Unitywater's Infrastructure. Amount subject to change; please refer to Unitywater's Clearing Blocked Private Sewer Pipes Policy (conditions apply).

4. Liability Release

*In consideration of Unitywater paying me (the **Claimant**) the **Amount** in full settlement, discharge and compromise of all claims, demands and costs in respect of damage to property and/or injuries and/or loss arising out of or accruing from or incidental to or sustained by reason of an incident which occurred on or about the **Date of Incident** and at the **Location of Incident**, I indemnify Unitywater and any of its members, officers, servants and agents from and against all claims, demands, actions and proceedings which may be made or brought against Unitywater and any of its members, officers, servants and agents by any person, in consequence of any damage and/or injuries and/or loss howsoever occurring by reason of the said incident. I agree that the abovementioned payment is not, and is not to be construed as, and will not be used in any way as an admission of liability on the part of Unitywater and any of its members, officers, servants and agents.*

I declare the above details to be correct and acknowledge that I have read and agree to the above release of liability.

Claimant Name _____ Date _____

Claimant Signature _____ ☎ _____

Notes for completion of Claim Form

- Please allow up to **eight (8) weeks** to process the claim.
- Errors or omissions will result in the claim being returned for correction.
- Submitting false information on this form will result in the matter being referred to the relevant external authorities.
- The **reference number** to be included will be provided to the Claimant by a Customer Service Officer when calling Unitywater to inform of the blocked sewer.

Unitywater Use Only - Completeness/Accuracy of Claim Submission

1. Has Unitywater attended the property?
 Yes Date _____ Maximo/Kern Work Order No. _____

 No
2. Does the Work Order identify the job is a sewer blockage?
 Yes No
3. Did Unitywater perform work to rectify the problem?
 Yes No

Unitywater Use Only – Claim Validation

1. Has the Private Plumber correctly identified the blockage in Unitywater infrastructure?
 Yes No
2. Has the Private Plumber undertaken any clearing works in Unitywater infrastructure?
 Yes No
3. In accordance with the Clearing Blocked Private Sewers Pipes Policy, should the Private Plumber be paid a PBSIF?
 Yes No Amount to be reimbursed: \$ _____ (as per invoice, but no more than \$250 inc. GST)

Authorised by _____ Date _____

Signature _____ Contact phone number _____

Unitywater Use Only - Claim Payment

1. PBSIF claim form completed? *Please attach this form to request.*
 Yes No Total amount to be reimbursed \$ _____
2. System and process completion acknowledgement
 Name _____ Date _____
 Signature _____ Contact phone number _____
3. Sent to Accounts Payable Yes Date _____