



Pittsburgh  
Water & Sewer  
Authority

## CLAIM FOR DAMAGES

This form is to report damages to private property or personal injury as a result of water leakage or other activities of the Pittsburgh Water and Sewer Authority (PWSA).

Please note:

1. If you do not have available all the information requested, complete as much as possible at this time so that there will not be an unnecessary delay in the processing of your claim.
2. You must submit documentation to support your claim, such as photos, videos, witness statements, estimates, invoices, receipts, and homeowner's, automobile, and renter's insurance documentation. **Please note that PWSA will not return any items submitted as part of a claim.** Please keep duplicates for your records.
3. Any person who knowingly and with intent to injure or defraud any insurer, files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine up to \$15,000.00.
4. Your claim will be investigated as soon as possible to determine if additional information will be required. During the course of the investigation, we may require further documents and will advise you accordingly.
5. By receiving your claim form, PWSA is not making an admission of liability nor does this mean PWSA will pay your claim. PWSA must investigate the circumstances surrounding your claim before it can be determined whether your claim will be denied or approved for payment.
6. PWSA is a political subdivision and is granted certain immunity under the Political Subdivision Tort Claims Act (PSTCA).

If you have any questions regarding this matter, please contact our Claims Division at 412-255-2376.

**Deliver, mail, e-mail, or fax completed form and attachments to:**

**Pittsburgh Water and Sewer Authority (PWSA)**

**ATTN: Claims Division**

**1200 Penn Avenue**

**Pittsburgh, PA 15222**

**claims@pgh2o.com**

**Fax: 412-393-0522**

# CLAIM FOR DAMAGES FORM

## CLAIMANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Zipcode: \_\_\_\_\_

## INCIDENT INFORMATION (Attach additional information or documentation, if available)

Type of Incident:  WATER  SEWER  AUTO  PERSONAL INJURY  OTHER

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Address of Occurrence: \_\_\_\_\_

City, State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Description of Damages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Costs: \_\_\_\_\_

## PRIOR INCIDENTS

For a line break, are you aware of any prior line breaks in the vicinity?  YES  NO

If yes, give the date, location, and description of break:

\_\_\_\_\_

## WITNESSES (Attach any additional witness names or statements, if available)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

## INSURER INFORMATION (Your carrier must be notified as required by PA Law (42 Pa.C.S.A. §8553))

Is the property insured?  YES  NO

Was the carrier notified?  YES  NO

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

Agent: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Zipcode: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER, FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE UP TO \$15,000.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_