



CLAIM FORM – RAINWATER & LIQUID STORAGE TANKS

Property/ Owner Details			
Name of Owner		Postal Address	
City	State	Postcode	Email
Address (where the tank is located. <u>If property include mud map</u>)			
Ph#	Fax #	Mob #	
Product Details			
Tank Size	Colour	<u>Serial Number (located on the name plate)</u>	
Invoice Number	Date of Purchase	Tank GPS Location	
What are the contents of the tank?	Circle the Current level: 0% / 25% / 50% / 75% / 100%		
If water, is this your only water supply? Yes / No			
Attach a digital copy of the original invoice or post copy, payment or delivery docket (please circle)		Attached	Post
Attach digital picture files or post photos. Must include the following. 1. A clear description of the defect 2. The Gough Plastics name plate & Serial Number 3. The base preparation on which the tank is erected 4. A photo showing at least 2m clear space around the tank		Attached	Post
Assessment			
Is the tank a Gough Plastics Tank?			
Was the tank installed in accordance with the tank installation guide?			
Has the product been moved from its original site?			
What type of base preparation was used? (River sand, concrete, or other – please specify)			
Describe the problem;			
Repair Risk Assessment			
Near Electricity Power Lines?	Yes/No	If Yes, how close?	
Are communications available at tank site? – Mobile / UHF / 2 Way / Other / None (please circle)			
Any other details about the site that may affect the safety of the repairers?			
Owner Representative to sign, verifying forgoing details			
I understand that the information I have disclosed on this form is accurate, and accept responsibility for associated cost incurred to rectify a problem if, upon inspection, damage has been incurred by other than Gough Plastics manufacture faults.			
Print Name..... Signature..... Date...../...../			

Form to be completed by Tank Owner and Returned to Gough Plastics.

Thank you for completing this form. You will be contacted promptly on receipt of this form by one of our customer support assistants.

[DISCLAIMER: THE COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY COMMIT GOUGH PLASTICS TO UNDERTAKE ANY REPAIRS TO THE TANK OR REPLACE THE TANK AT THEIR COST. THIS REQUEST WILL BE ASSESSED ON ITS MERITS, TAKING INTO ACCOUNT:- THE DETAILS SUBMITTED & THE ACCURACY OF THE RECORDS; COST; LOCALITY; OCCUPATIONAL HEALTH & SAFETY OF THE REPAIRS & ANY OTHER FACTORS DEEMED NECESSARY]



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CALL 1800 069 805

833 Ingham Rd, Bohle TOWNSVILLE

Ph: (07) 4758 6400

Fax: (07) 4774 7608

sales@gough.com.au

www.gough.com.au



CLAIM FORM – All Products (excluding tanks)

Dealer/ Owner Details		Ref No:	
Name / Company			
Postal Address			
City	State	Postcode	
Ph #	Fax #	Mob #	
Contact Person		Email	
Product Details			
Product(s)	Quantity	RP Code	
Invoice Number	Date of Purchase	Your ref. Number	
Purchased from (name of store if different from above)		Town/City	
Attach digital copy of original invoice or post copy, payment or delivery docket. (please circle)		Attached	Post
Attach digital pictures of files or post photos. Must include a clear description of the defect:		Attached	Post
Assessment			
Is the product a Gough Plastics product?			
Were the product(s) used to the recommendations?			
Describe the problem:			
Owner representative to sign, verifying forgoing details			
I understand that the information I have disclosed on this form is accurate, and accept responsibility for associated costs incurred to rectify a problem if, upon inspection, damage has been incurred other than Gough Plastics manufacture faults.			
Print Name..... Signature..... Date...../...../.....			

Form to be completed by Dealer/Owner and returned to Gough Plastics.

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